



Extreme Destination Camp 2011 Release Form

South Seaville Camp Meeting
188 Dennisville Rd.
SOUTH SEAVILLE N.J. 08246

I/We, the parent(s) or the guardian(s) of _____, for and in consideration of my/our child being a camper at Extreme Destination Camp 2011 (hereinafter called the "Camp") in South Seaville, N.J.

- 1) In the event of injury to my child, I hereby consent and authorize the administration of all treatments of all treatments and tests that may be considered advisable or necessary in the judgment of any qualified medical personnel.
- 2) I understand that as a condition of my child being a camper, **I will provide complete medical insurance coverage for any medical expenses which may be incurred.**
All medical bills will be sent to me for payment or for forwarding to my insurance company.
- 3) I/We have read and understood this form and information about Extreme Awakening Power Camp provided to me and I/We hereby give my/our approval for my/our child to be a camper and to participate in any and all camp activities including, without limitation, the following: swimming, canoeing, fishing, field games, nature trail, basketball, crafts, volleyball, Frisbee, golf, Bible study, etc.
- 4) I/We assume all risks and liabilities which may result from my/our child participating as a camper and release and forever discharge and hold harmless the Camp, its employees, representatives and agents from any and all actions, causes of action, claims, demands and liabilities arising out of injury to or damage sustained by my/our child.
- 5) I/we agree to indemnify the Camp against any and all liability or loss, and against all claims or actions caused upon or arising out of damage or injury to persons or property caused by our child.

Parent/Guardian Signature: _____ DATE: _____