



# Camp 2010

## RELEASE FORM

### May 30<sup>TH</sup> - June 2<sup>ND</sup>, 2009

**CAMPER:**

Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 B-Day \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ School: \_\_\_\_\_

IN CASE OF AN EMERGENCY PLEASE CONTACT:

NAME	PHONE	RELATIONSHIP
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***I CERTIFY THAT:***

My child is in sufficiently good physical condition and free from any communicable diseases to engage in the trip and activities pertaining to Marked 2010 at Riverbend Retreat Center and I give my complete, unqualified permission for myself to do so without a health exam certified by a doctor.

I assume full responsibility for my child's conduct, activity and well being and hereby release and forever discharge Word of Life Center Ministries, Inc. from any and all liability arising out of my child's participation in this trip commencing May 30<sup>TH</sup> -June 2<sup>ND</sup>, 2009.

I recognize that Word of Life Center Ministries assumes no responsibility for providing any type of medical coverage or insurance for participants.

In the case of an accident or emergency situation requiring medical treatment, Word of Life Center has my permission to administer medical aid to my child as deemed necessary by WOLC staff. I also understand that my child will not and cannot attend this function and participate without completing this form.

I hereby release Word of Life Center and/or its staff and volunteer leaders from fault or injury to my child which may occur as a result of efforts to secure any treatment.

I indemnify and forever hold harmless Word of Life Center Ministries and all related entities, employees and agents, thereof from all causes of action, claims and damages, and demands whatsoever, my child ever had, now has, or may have arising out of my participation in this trip. I also understand that if my child engages in conduct that would endanger their well-being or the well-being of any other person/persons while participating, it will require immediate dismissal from the event.

_____ Parent's Signature	_____ Date	_____ Camper's Signature	_____ Date
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