

Event and Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Emergency Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

In case of emergency, I hereby give Faith Christian camp permission to transport, hospitalize, secure treatment for, and order anesthesia for my above named child. I understand however that every effort will be made to contact me in case of such emergency, if possible, before any medical treatment is administered. I hereby release Faith Christian Camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Faith Christian camp, its staff, faculty, management, or officers liable unless guilty of negligence. I understand Camp insurance is secondary to my own. I also give Faith Christian Camp permission to use my child's likeness or name in any advertisement.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_