

# Reach Discipleship Camp

## LIABILITY/MEDICAL RELEASE FORM

THIS FORM MUST BE COMPLETED FOR EACH YOUTH ATTENDING. A COPY OF THIS INFORMATION IS TO BE KEPT WITH YOUR GROUP LEADER DURING THE EVENT. PLEASE ALSO SUBMIT A COPY TO REACH WHEN YOU REGISTER.

Group Leader: \_\_\_\_\_  
Group Name: \_\_\_\_\_

Youth Participant's Name: \_\_\_\_\_  
M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### LIABILITY RELEASE

As parent/guardian, I remain fully responsible and liable for any claims brought against Reach Youth Ministry which may result from any action taken by my child.

My teen and I have read and understood the Expectations of Participants for this event and will cooperate with these rules. I understand that failure to comply may result in immediate dismissal of my child, with transportation home at my expense.

Should photos or video be taken, I give my permission for the use of my child's image and/or likeness in any promotional or other marketing activities relating to the Reach Discipleship Camp.

I give permission for my above named child to attend this youth camp.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

### MEDICAL HISTORY

Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Activities prohibited for to medical reasons: \_\_\_\_\_  
Special needs or medical concerns: \_\_\_\_\_

### EMERGENCY MEDICAL TREATMENT

#### **PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES!**

In the event of an emergency, I hereby give permission to Reach Youth ministry, its officers, directors, agents, volunteers, and representatives associated with this event to transport my child to a hospital to receive emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel.

I relieve Reach Youth Ministry of all responsibility and consequences that may arise as a result of this treatment.

I will not hold Reach Youth Ministry liable in the event of an injury.

Further, I agree to accept any and all financial responsibility as a result of the medical treatment.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

In the event of an emergency please contact (someone other than those listed above)

Please Print Name: \_\_\_\_\_

Relationship to attendee \_\_\_\_\_ Phone: \_\_\_\_\_