

# CAMP KICHACA RELEASE FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## Medical Release Agreement

Should it be necessary for the above named camper to receive medical attention/treatment while participating in camp activities, I hereby give permission for the person(s) leading or directing these activities, to render medical attention or administer medical treatment, as the medical professional deems appropriate or necessary. I also give permission for the person(s) leading or directing these activities to use their best judgment to otherwise render any assistance (i.e., first aid, CPR, etc.) to the above named camper in the event of injury or illness.

- I hereby give my approval and consent to this application, and in consideration thereon, hereby relieve Camp Kichaca and its staff for any and all liability for sickness, accidents, or injuries of any nature or cause whatsoever while attending, coming to, or leaving camp.
- I give authorization for the Camp Director, Nurse, Counselors, or other appropriate camp personnel to administer such acts of first aid as seem necessary to save the life or health of the camper.
- I understand that attempts will be made to reach me by telephone in the event of serious illness or injury to my child.
- I understand that the Spring Creek Church of Christ or any person(s) leading or directing these activities has no insurance coverage for medical or hospital costs for the above named camper, which are associated with injury or illness occurring in the course of these activities. Therefore, any costs incurred for such medical attention/treatment shall be my sole responsibility.

Parent /Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Camper/Parent Covenant

Camper:

I hereby agree to abide by all of the rules and policies of Camp Kichaca. I understand I am subject to being sent home at my parents' expense at the discretion of the Camp Director for noncompliance with these rules.

Camper's Signature: \_\_\_\_\_

Parent / Guardian:

- I understand that my child is subject to being sent home at my expense for any conduct deemed inappropriate by the Camp Director and hereby agree to abide by his decision.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Permission

I, the parent/guardian of the above named child, understand that any pictures placed on a personal website or social applications are not under the control or influence of the Spring Creek Church of Christ or Camp Kichaca.

- I give permission to place photos of my child on the Spring Creek Church of Christ website.
- I DO NOT give permission to place photos of my child on the Spring Creek Church of Christ website.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_