**Text

Description automatically generatedSAMPLE Waves of Gratitude Participant Waiver**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (parent/guardian name) do hereby affirm to ***name of church*** that I have the legal authority to provide my consent and authorization for matters relating to the participation of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) in ***Waves of Gratitude Vacation Bible Camp****,* DATES.

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER AND RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent/Guardian, on behalf of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(“Participant Minor Child”) do hereby release, waive, discharge, covenant not to sue and agree to hold members of ***name of church*** its officers, directors, employees, representatives, agents and affiliates, and the staff of ***name of church*** from any and all claims, demands and actions of any and every kind directly or indirectly arising out of or relating in any respect to the participation of the Participant Minor Child in ***Waves of Gratitude Vacation Bible Camp****,* DATES. My waiver and release of all claims, demands, actions and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act by the staff of ***name of church*** or sustained before, during or after ***Waves of Gratitude Vacation Bible Camp*** unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of the staff of ***name of church.***

I understand that, without limitation of the foregoing, neither the ***name of church*** shall be liable and each is hereby released each from all claims that may arise from loss or damage to the Participant Minor Child’s personal property or the interruption of ***Waves of Gratitude Vacation Bible Camp*** for whatever reason. ***name of church*** shall NOT be responsible for any lost or stolen property of the Participant Minor Child or any persons attending activities thereof.

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

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

**SAMPLE MEDIA AND PHOTO RELEASE**

The undersigned participant *(mark one)*

does agree

does not agree

to grant to ***name of church*** permission to record on film, video tape, or audio tape, their participation in any ***Waves of Gratitude Vacation Bible Camp*** sponsored activity. They further agree that any or all of the material recorded may be used, in any form, as part of any future production(s) made by or for ***name of church****,* and further, that such use shall be without payment of fees, royalties, special credit, or other compensation. This form shall be valid until such time that it is revoked by the undersigned.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature  
*Necessary for all participants under the age of 18*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**MEDICAL CONSENT FORM**

We (I), the undersigned, do hereby give permission for our (my) child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend and participate in ***Waves of Gratitude Vacation Bible Camp at Church Name, Dates***.

We (I) authorize an adult, in whose care the above named minor has been entrusted by us or by a staff member of ***name of church***, to consent to any reasonably necessary medical examination, anesthetic, medical, surgical or dental diagnosis or treatment, and/or hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of Texas law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation costs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature

**PLEASE FILL OUT THE FOLLOWING INFORMATION**

Do you have hospital insurance? \* Yes \* No (please circle one)

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies, medical problems, current medications, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What else do we need to know about your child to care for them?

We would like to be able to care for your child’s sensory issues, learning style, and unique gifts. How best can we serve and work with your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the name and phone numbers of anyone who is approved to pick up your participant from camp.

|  |  |
| --- | --- |
| Name | Cell Phone Number |
|  |  |
|  |  |
|  |  |
|  |  |

Please note: adults will be required to show photo identification at pick up and their name must be on the list. In the case of an emergency, where someone on this list is unavailable for pick up please call emergency camp phone number so that we can verify with you and add them to the list.

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