

Dependent Permission and Waiver Form

(must be filled out by Parent or Legal Guardian)

I, _____, give my permission for my child _____, to participate in the Middle School Ministry Camp in Lake Placid, Florida, August 1-5, 2011 with the South Florida Church of Christ. The camp will be held at Lake Placid Camp and Conference Center, Lake Placid, FL 33852.

In consideration of my son/daughter being allowed to participate in the event(s), I agree to release and hold harmless The South Florida Church of Christ, its employees and contractors, church employees and volunteers, and all individuals associated with the program, from any and all liability (direct or indirect), for any injury or harm of any kind to my child resulting from negligence or misjudgment which might be incurred while my child is in transit or during the event(s).

Medical Release: Emergency phone numbers if parent is not attending event

Home _____ Cell _____

Work _____

Insurance Information:

Name of Company _____ Phone # _____

Group # _____ ID# _____

I _____, also give my permission to the medical caretaker or church volunteer, to seek any necessary medical attention for my son/daughter, _____, during the time frame of this event(s). This notification will also include the right to sign for, but not limited to, any emergency service transport, hospitalization, or emergency services or surgery. I further agree to be responsible for the costs of such treatment including but not limited to costs associated with transportation to the treatment facility.

I also give permission for my child to be transported by personal vehicle to and from the event by church volunteers, should the need arise.

Parent / Guardian Signature: _____

Date: _____