

# CAMP DOVE 2018



## Camper Registration Form

I, \_\_\_\_\_, agree to indemnify, defend, and hold [Union Pentecostal Church and Camp Dove] harmless from and against any and all claims, damages, demands, actions, duties, causes of action, judgments, costs, (including attorney fees), controversies and liabilities whether known or unknown, fixed or contingent, arising out of contract, tort or otherwise, in law or in equity, for damage to person (self or third parties) or property, including but not limited to, consequential or incidental damages arising out of or related to: (a) my child's failure to perform any and all of his/her obligations or liabilities under the Agreement or under any other agreement; (b) my child's use of the camp facility; (c) my child's participation in Approved Camp Activities; (d) the negligent, willful or intentional acts/omissions of my child; (e) the failure of my child to comply with all applicable federal, state and local laws, ordinances, statutes, regulations and rules, unless such bodily injury, property damage, or personal injury is determined to be the result of the negligence of Camp Dove and Union Pentecostal Church, their affiliates, officers, employees, or representatives.

### Medical Release

I \_\_\_\_\_ do hereby state that I am the natural parent and/or legal guardian of \_\_\_\_\_ . I hereby authorize the bearer of this letter, a representative of Camp Dove, to consent to any x-rays, examinations, anesthetic, medical or surgical diagnoses or procedures and hospital care to be rendered to the said minor on July 15-18, 2018. This treatment should be under the general special supervision of any licensed physician or surgeon, when such medical or surgical treatment is an emergency. I will be responsible for any costs of said emergency treatment.

### Insurance Information

Plan Name: \_\_\_\_\_  
Policy Number/Group Number \_\_\_\_\_ / \_\_\_\_\_  
Policy Holder's Name & Date of Birth: \_\_\_\_\_ / \_\_\_\_\_

### Camper Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Church Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_ Pastor: \_\_\_\_\_  
Emergency Contacts: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medications and Doses: \_\_\_\_\_  
Important Medical History/ Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent and/or Legal Guardian*

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

#### PHOTO RELEASE:

From time to time we take photos of people participating in camp events for our website or other promotional materials. We will assume we have your permission to photograph your child while in the course of camp activities