

# Activities Agreement – Kids Camp 2023

As parent or legal guardian, I grant permission for \_\_\_\_\_ to attend the following outing with Eagle Point Community Bible Church (“EPCBC”):

## **Medical Information and Authority**

As the above-named child’s parent or legal guardian, I authorize Eagle Point Community Bible Church and/or its representative or agent to authorize all necessary medical, dental, and/or hospital treatment in the event of accident, illness, or injury to the above-named child.

Health Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Name Insured: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Physician’s Phone \_\_\_\_\_

In case of emergency contact name and phone#: \_\_\_\_\_

Please list and explain any allergies, medications, dietary restrictions, the date of the child’s last Tetanus shot, and any other pertinent medical information. *Any prescribed medications will need to be accompanied with a prescription authorization form.*

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On behalf of my minor child participant who is under 18 years of age, being reasonably and duly aware of the risks and hazards inherent in participating in such activities, I agree to release, forever discharge, and agree to hold harmless EPCBC, its Board of Directors, employees, and volunteers from any and all claims, demands, actions, or causes of action which may arise due to personal injury, sickness, death, or property damage as a results of the child’s participation in the designated event or activity, travel to or from said even, or any actions of the associated agents of EPCBC. This agreement includes all actions performed by EPCBC or its agents, including but not limited to negligent acts.

If the participant needs to return home due to medical reasons, disciplinary actions, or otherwise at the sole discretion of EPCBC or its agents, we/I agree to pay for all costs associated with such transportation. Furthermore, if the above-named child takes alternate transportation in association with the event or activity, I accept all risks associated with such transportation. This agreement fully applies to such travel and its inherent risks.

The above-named child has my permission to participate in the above named EPCBC event or activity. I freely, voluntarily, and expressly accept and assume the risks and expenses associated with this event or activity and associated travel.

While involved with the named event or activity, the above-named child is under the authority and direction of the agents of EPCBC. I understand that the use or possession of alcoholic beverages, illegal drugs, tobacco products, fireworks, firearms, foul language and abusive or lewd behavior are strictly prohibited. The event or activity will be conducted in accordance with the standards set forth by the leadership of EPCBC. I understand that any variance from these standards will result in immediate expulsion, and I may be required to pick up the child immediately at my own expense. I understand that this event or activity is being conducted by a Christian organization, and will include a spiritual emphasis, and further agree to allow my child to fully participate.

While participating in the previously mentioned activity, I understand that pictures and videos of the group may be taken. The purpose of these photos and videos may include, but not be limited to, event promotional media, trip summaries, newsletters, etc. This media may also be posted on the church website/social networking pages.

I have read, understand, and have discussed the implications of this form with my child. My child and I both agree to comply fully with a requirement enumerated in this agreement.

Print Participant Name: \_\_\_\_\_ Grade in the Fall of 2023: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Authorization to Release

Your child will only be released to the individual listed as parent or legal guardian. If you would like to authorize another individual or individuals to pick up your child, please list the persons here.

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

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

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

I understand that the individuals listed above will be allowed to pick up the above-named child. I give my full permission to EPCBC to release custody of the above-named child to these individuals.

Parent/Legal Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_