Baptist Youth Camp of the Ozarks

Health Consent and Release Form

I, the undersigned parent or legal guardian, hereby consent to _____, herein referred to as my child, who is [ ] years of age, participating in the activities connected with the trip to and from and the time at Youth Camp at the Baptist Youth Camp of the Ozarks in Joplin, MO, an activity sponsored by (church name) _____ .

I certify that my child is able to participate in these activities involved at Baptist Youth Camp of the Ozarks, including sports, swimming, and canoeing (unless otherwise indicated). If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number(s) listed below. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, _____, or the Registered Nurse who is on the campus of Baptist Youth Camp of the Ozarks, to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have specifically listed them below.

I understand and hereby agree to assume all the risks which may be encountered on said activities, including activities preliminary and subsequent thereto.

I do hereby agree to hold (church name)_____, and Baptist Youth Camp of the Ozarks, and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which my child now has or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State(s) of _____, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that **I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.** This is a legally binding agreement which I have read and understand.

Medical conditions to be aware of:

_____

_____

_____ *Int.*
_____ *Int.*

Physical Restrictions:

_____

_____

Instructions and medications:

_____

_____

Date of last tetanus and/or booster:

_____

I do not wish my child to participate in the following:

_____

_____

Telephone number(s) where I may be reached in an emergency:

_____

Date: _____

_____
(Printed Name)

_____
(Signature)

□ Parent
□ Legal Guardian
□ *Other:* _____