

## **Youth Camp '12**

### **Permission to Participate and Release of Liability**

I give permission for my son/daughter, \_\_\_\_\_, to participate in the **Youth Camp '12, June 11-15, 2012** and consent and agree to indemnify and hold harmless Baseline Christian Fellowship, their agents, employees, or volunteer assistants from all claims that I or they may have arising out of my child's participation in this activity which is over and above that which is covered by insurance.

Parent's/Guardian's Signature \_\_\_\_\_

### **Emergency Medical Care and Treatment**

If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy for Baseline Christian Fellowship acts in a primary position only when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance company for Baseline Christian Fellowship.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in this activity which is over and above that which is covered by insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for such treatment.

Moreover I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request the Baseline Christian Fellowship personnel to administer or supervise such treatment and to do any procedure they deem necessary until such time as my child can be safely transported to a doctor or hospital.

Parent's/Guardian's Signature \_\_\_\_\_

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

Name & Phone Number of my child's doctor: \_\_\_\_\_

Name, address & membership/group/policy numbers of your medical insurance company

Current Medications: \_\_\_\_\_

Known Drug Allergies: \_\_\_\_\_