

SUNCREST FAMILY WORSHIP CENTER -
MEDICAL, MEDIA & CAMP ACTIVITY RELEASE & ARBITRATION FORM

Student Name: _____

The undersigned, being the _____ (your relationship to student) and the person having legal custody of _____ (name of minor). I hereby authorize the minor named above to participate in the youth camp to be held at Union Gospel Mission Camp and run by Mosaic Student Ministries with Suncrest Family Worship Center. I understand the risks involved and agree to hold harmless and indemnify the Union Gospel mission , Union Gospel Mission Camp, Suncrest Family Worship Center, its officers and directors, employees from any and all injuries, claims, disputes, liabilities or actions resulting from any activity. I attest and verify that I understand the risks and dangers involved; that I assume such risks and that I will pay the medical and emergency expenses in the case of an accident, illness or other incapacity regardless of whether I have authorized such expenses. I also authorize the Union Gospel Mission, acting through the camp director or the youth outreach director, or any adult thereof, into whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical supervision and upon advice of a physician and surgeon licensed under the provisions of the State Medical Practice Act.

In case of illness or accident, I consent to the minor being held at the camp medical office or doctor's office and notification sent to the phone number and/or address provided on this agreement. In case of serious sickness or accident, I consent to the minor being sent to a hospital or emergency clinic for skilled medical intervention/treatment.

RELEASE OF VIDEO / PHOTOGRAPHY

(UGM and partnering ministries often use photo and video of mostly group settings at camp to promote future camps and donors who continue to make this ministry possible)

I give permission for UGM Staff as well as leaders from Suncrest Family Worship Center's Mosaic Student Ministries to use photo's and videos of the above mentioned child for promotional purposes in print, video and online. I release UGM and Suncrest Family Worship Center of all claims and demands (please check one).

YES I GIVE MY PERMISSION NO I DO NOT GIVE MY PERMISSION

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Emergency Contact Information

Name: _____

Relation to Child: _____

Phone #: _____

Name: _____

Relation to Child: _____

Phone #: _____

