

Activity: Sr. High Fall Retreat '09

Date(s): September 5-7, 2009

Sponsoring Organization: Fellowship Bible Church Student Ministries

*Permission of parent is essential in order for a minor to participate. The following **MUST** be completed.*

As a parent or legal guardian to the below named applicant, I hereby give my permission to attend the above mentioned activity. I understand every precaution will be taken for his/her health and safety. However, I assume responsibility in case of illness, injury, or accident, and agree to hold Fellowship Bible Church harmless. My signature below also authorizes the Sponsors of Fellowship Bible Church to administer medical treatment or medical assistance to my child at any time, should it be necessary. Further, I give Fellowship Bible Church permission to use my child's photo/video in any of their publications or website. No information will be given out about my child to other entities outside of Fellowship.

\_\_\_\_\_  
Parent/Guardian Signature Date

*(Please Print)*

Name of Participant: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
(sizes run small)

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Work Phone: \_\_\_\_\_

Name of Alternate Contact in Case of Emergency: \_\_\_\_\_

Emergency Contact's Phone(s): \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

**<<<Please include a copy of the front and back of your insurance card>>>**

Contract/Policy #: \_\_\_\_\_

Previous Surgery(ies): \_\_\_\_\_

Taking Medication: No \_\_\_\_\_ Yes \_\_\_\_\_, Name of Medication: \_\_\_\_\_

Asthma: No \_\_\_\_\_ Yes \_\_\_\_\_, Current Treatment: \_\_\_\_\_

Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_, Current Treatment: \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAMP OZARK ASSUMPTION OF RISK AND RELEASE**

The undersigned, individually and on behalf of:

---

(Name of Camper – hereinafter referred to as Guest Group Participant (GGR))

do hereby release Camp Ozark, its officers, directors, employees, agents, related parties and affiliates from any and all liability for any damages, causes of action, personal injury, sickness, or damage or injury of any kind suffered by myself or the Guest Group Participant, as a result of any accident, injury, incident or activity on or off Camp Ozark premises that might occur to the Guest Group Participant while in attendance at Camp Ozark.

I recognize there is an element of risk in activities that the Guest Group Participant may participate in while staying at Camp Ozark. I assume full responsibility for any accidents, incidents, or injuries that may occur while the Guest Group Participant is staying at Camp Ozark. I individually and on behalf of the Guest Group Participant hereby release, indemnify, and hold harmless Camp Ozark, its agents and employees, from and against any and all claims, liabilities, suits, actions, damages, or losses, including without limitation all costs and attorney's fees, and including without limitation any act, omission, or negligence of Camp Ozark, its agents and employees, which may arise from or in any way be connected with the Guest Group Participant's stay or participation in activities at Camp Ozark.

---

(Signature of Parent, Individually)

---

(Signature of Parent, Individually)

---

(Signature of Custodial Parent, on behalf of Guest Group Participant)

---

(Date)