

Create Your Own Musical, Camp: Release Form, Liability and Medical Emergency

By signing this form you are consenting to put your greatest treasure into our care, which is our honor and pleasure. We will do everything we can to keep your child safe and sound as we participate in this two-week camp, "Create Your Own Musical".

For each activity we keep in mind safety considerations and emergency procedures so that if anything unfortunate happens we will be ready. However, there are times when unforeseen circumstances beyond our control do occur, and the statements below are intended to protect Emmanuel Episcopal Church in those situations.

LIABILITY RELEASE: In consideration of Emmanuel Episcopal Church allowing the Participant to participate in "Create Your Own Musical", I, the undersigned, do hereby release, forever discharge and agree to hold harmless Emmanuel Episcopal Church, its Pastors, Board Members, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the activities. I, the parent or legal guardian of this Participant, hereby grants my permission for the Participant to participate fully in "Create Your Own Musical" activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: In the event my child suffers an illness or injury that requires medical attention, I give Emmanuel Episcopal Church the authority to obtain whatever medical attention is deemed necessary, and release and hold harmless Emmanuel Episcopal Church, its Pastors, Board Members, directors, employees, volunteers and teachers of any liability related to obtaining that medical attention. I understand Emmanuel Episcopal Church will make a reasonable attempt to contact me/us as soon as possible following the need for medical treatment for my child. In the event treatment is required from a physician and/or hospital personnel designated by Emmanuel Episcopal Church, I agree to release and hold the physician and/or hospital personnel harmless from any claims, demands, or suits for damages related to their acceptance of this document as consent to provide treatment. I also acknowledge I will ultimately be responsible for the cost of any medical care.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Student Name: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number: _____

Emergency Contact – Name (printed): _____

Emergency Contact Phone Number: _____