

Wake!Fest Medical and Liability Release

I/we understand that there are inherent risks involved in camp, and I/we hereby release Lake Forest Park Presbyterian Church, its staff, and volunteer workers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my/our involvement with LFPPC. Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences. We give authorization for the church to provide all necessary food, transportation and lodging.

I/we understand that any photos/videos taken of my/our child prior to, during and after the event may be used for promotional purposes for this event and other related events. Which may include, but not limited to postings on the internet, future adverts, and displaying during Sunday services.

Liability Release Statement

We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment administered by or under the supervision of a licensed physician. We assume responsibility for any medical bills incurred. Also, should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred.

Print Child's name _____

Father's signature _____ Date _____

Mother's Signature _____ Date _____

Both parents must sign, unless one parent has legal custody. In such case, please indicate non-custodial parent's name and whether to contact in case of emergency

Insurance Information

Further, I/we affirm that the health insurance provided below is accurate to this date and will, to the best of my/our knowledge, still be in force for the student named above at the time of the event.

Health insurance provider _____

Policy number _____

Medical Information

Doctor's Name _____

Doctor's Phone Number (_____) _____ - _____

Dentist's Name _____

Dentist's Phone Number (_____) _____ - _____

Emergency Contacts

Primary Contact _____

Home (_____) _____ - _____ Work (_____) _____ - _____ Cell (_____) _____ - _____

Secondary Non-Parental Contact _____

Home (_____) _____ - _____ Work (_____) _____ - _____ Cell (_____) _____ - _____