

PERMISSION, LIABILITY, AND MEDICAL RELEASE STATEMENT

I, _____, give permission to my
(PARENT OR LEGAL GUARDIAN)

son/daughter, _____, to participate in
(CHILD'S NAME)

the ____Youth Winter Camp_____ sponsored by New Hope Baptist Church at Cathedral Pines
(ACTIVITY)

Pinewood, to be held on ____January 8-10_____.
(DATES)

Should emergency medical treatment be required, I authorize the group leaders to act on my behalf to secure the services of a licensed physician to provide the care necessary for my child's well-being.

I do hereby release from any liability New Hope Baptist Church and Camp Pinewood, as well as all adult sponsors and staff of the activity, in the event of any accident or illness during the activity or travel to or from it.

Signed: _____ Date: _____
(PARENT OR GUARDIAN)