



# 2017 High School Camp Release Form

## **IMPORTANT!**

Each church is responsible for their students health and safety at all times but the HSC Staff is here as a support when needed. The following release form acknowledges the church's responsibility and releases each person to participate in camp activities.

EVERY person attending High School Camp MUST fill out this form! This includes students AND leaders. Please be sure to have ALL release forms upon arrival to check-in at the camp location. Any person (student or leader) who does not have a signed release form will not be allowed to participate until the form is received by HSC staff.

HSC recommends that each church keeps a copy of this form with each student's health and emergency contact information

Please feel free to contact us [highschoolcamp@rethinkgroup.org](mailto:highschoolcamp@rethinkgroup.org) if you have any questions or need any additional information.



Name: \_\_\_\_\_  
 First Middle Last  
 Male  Female Birth date: \_\_\_\_\_

**Attendee Home address:**

\_\_\_\_\_ Street address City State Zip

**Parent/legal guardian/spouse to be contacted in case of illness or injury:**

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Relationship to attendee: \_\_\_\_\_

Home address:

(if different from above) \_\_\_\_\_ Street address City State Zip

**Allergies:**  No known allergies.  Attendee is allergic to:  Food  Medicine  
 (If attendee has allergies, please describe what the camper is allergic to and the reaction seen.)

**Diet, Nutrition:**  This attendee eats a vegetarian diet.  This attendee eats a peanut free diet.  
 This attendee eats a gluten free diet.  This attendee has special food needs.

(Please describe below)

**Authorization and Indemnification**

**Restrictions**

Any restrictions and limitations of my student are solely the responsibility of the church my student is attending High School Camp with. I hereby acknowledge and agree that High School Camp is not responsible for any restrictions or limitations of my student's activities.

**Acknowledgement of Inherent Risk**

I acknowledge and understand there are inherent risks associated with many camp activities. I assume the risk associated therewith, whether known or unknown to me at this time. I hereby release High School Camp, including its employees, agents, volunteers, and trustees, from all claims, liability, and responsibility for physical injury, including death or illness, and loss of personal property while at camp. This release is binding upon all claims that may be brought by my student's family, estate, heirs, personal representative(s), or assigns.

**Photo Release**

I hereby grant to High School Camp the right to use, reproduce, and/or distribute photographs, films, videotapes, and/or sound recordings of the my student, without compensation or approval rights, for use in materials promoting the activities of High School Camp.

Attendee signature \_\_\_\_\_ Date \_\_\_\_\_  
 (if over 18 years of age)

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Church Name: \_\_\_\_\_