

## YOUTH CAMP CONSENT AGREEMENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_, participating in the youth camp operated by West Coast Baptist College \_\_\_\_\_ through \_\_\_\_\_, 200\_\_\_\_, and in activities connected with the youth camp. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. I understand that West Coast Baptist College does not provide medical insurance coverage for my child and that any medical expenses incurred on my child's behalf will be paid by either my own medical insurance or me.\*\*

I give permission for my child's picture to be used in future publications if selected.

I understand that my child may be sent home for a serious behavior problem or for being out of harmony with the spirit of the camp he/she is attending.

In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize \_\_\_\_\_ to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED DURING SAID YOUTH CAMP, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold West Coast Baptist College, Lancaster Baptist Church, and its and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the youth camp or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the **State of California** and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I **HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement that I have read and understand.

\_\_\_\_\_  
Signature – parent or legal guardian only

\_\_\_\_\_  
Date

\*\*If you have medical insurance, please attach a copy of the insurance card (front and back) for hospital use. This prevents any delay of treatment in case of emergency.

### EMERGENCY INFORMATION

Father's Cell/Work Phone (\_\_\_\_) \_\_\_\_\_ Mother's Cell/Work Phone (\_\_\_\_) \_\_\_\_\_

If a parent can not be located, who should be contacted?

Name \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL INFORMATION

Medical Conditions and/or Allergies \_\_\_\_\_

Medication \_\_\_\_\_

I do not wish my child to participate in the following activities: \_\_\_\_\_

