



You will be asked to sign this upon arrival.

Permission and Consent:

By Making an Application: I agree to have my child, _____, examined by a physician, have immunizations current, and complete a health history before entering camp.

BridgeMont Ministries Inc., will make every effort to conduct safe programs, to inform families of inherent risks, and provide adequate insurance coverage. We believe that young people seek adventure and that camp provides an ideal environment for exploring new activities in a prescribed and safe manner. However, some of those activities may involve risks that young people do not encounter every day. Examples in our camp may include swimming, hiking, archery and activities in the facilities or on the trail where inclement weather may be involved. Camp participants must assume the unescapable risks associated with such activities. We observe standard precautions to ensure safety is an essential element of the activities we offer. While we are aware that it is not possible to foresee every contingency nor eliminate all risk, our risk management program includes certain criteria for staff selection, training and supervision, as well as written safety policies and procedures, reporting and review of accidents, and supervision to ensure safety and well-being of each participant.

I, _____, give my permission for my child, _____, to participate in the entire camp program including traveling in camp vehicles, and give permission for the camp to secure medical treatment for him/her in the case of sickness or other emergency.

I, _____, give my permission to use pictures of my child, _____, as a camper in camp brochures, flyers, and both electronic and published promotional literature, without compensation or approval rights.

Initial:

Date:

I, _____, acknowledge and understand there are risks involved in the activities described and I accept this risk as a part of my child's, _____, participation.

Regarding Camper Health Information :

You are asked to provide information in order for the camp leadership to assess any additional risk to your child or others through camp participation, and to assist in securing appropriate medical treatment in an emergency. Failure to provide known information will release BridgeMont Ministries Inc. and its staff and leadership from responsibility from complications brought on by the medical condition due to participation.

Authorization for Medical Treatment :

The health history I, _____, provided with the Camper Health Information form is correct to the best of my knowledge and the person named herein named, _____, has permission to engage in all camp activities except as noted. I, _____, hereby give my permission to the medical personnel selected by the camp director to order X-Rays, routine tests, and treatment, to maintain and/or release any medical records necessary for insurance purposes as outlined by the HIPAA regulations and to provide or arrange necessary transportation for me or my child. In an emergency, I, _____, hereby give permission and authorize the physician selected by BridgeMont Ministries Inc. to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named herein, _____, I, _____, authorize the physician or dentist to call in any necessary consultants at his/her discretion. It is understood that this consent is being given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgement as to the requirements of such diagnosis or surgical treatment. In addition, I, _____, authorize camp personnel to administer the medications listed on the Camper Health Information form.

I, _____, agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental, or medical fees. I, _____, further agree that in giving this permission and authorization, BridgeMont Ministries Inc. does not assume any responsibility or liability for the payment of any such hospital, doctor, ambulance, dental, or medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips out of camp.

Initial:

Date:

Insurance :

I, _____, am responsible for providing my child's, _____, health insurance coverage while at camp.

I, _____, understand that I will be notified as soon as possible of any emergency. I, _____, will be responsible for travel expenses should emergency transportation back home be necessary.

Permission for Minor to Travel :

I, _____, give permission for my child, _____ to travel to BridgeMont Camp & Outdoor Center on the dates selected above, to participate in the BridgeMont Summer Camp Program, via the mode of transportations I select.

I, _____, also agree for my child, _____, to be transported by camp vehicle to regional attractions as designated by the camp program and director. I, _____, am aware of the potential risks of travel and I voluntarily release BridgeMont Ministries Inc, the sending church/youth program (if any), and their representatives and employers from any and all liability associated with transportation.

Release of Liability :

I, _____, acknowledge and understand there are inherent risk associated with many camp activities. I, _____, will assume the risk associated therewith, whether known or unknown to me at this time.

I, _____, recognize that my attendance at BridgeMont is a privilege and as consideration for this privilege, I, _____, release BridgeMont Ministries Inc., including its employees, agents, and trustees for responsibility for accidental injury, including death or illness, and loss of personal property while at camp or during travel to and from camp. This release is also intended to include all claims made by my family, estate, heirs, personal representative and assigns. I, _____, grant permission for my child, _____, to participate in all special trips off the camp property with proper staff supervision.

Initial:

Date:

Parent's Name : _____

Child's Name : _____

Address: _____

Number: _____ Email: _____

I agree to the terms and conditions above.

Signature: _____ Date: _____

Initial:

Date: