

CHURCH OF GOD IN OHIO MEDICAL CONSENT/LIABILITY RELEASE

I give my child, _____, permission to attend and participate in all aspects of the Church of God in Ohio Camp, including physical, spiritual, and social. I understand that this is a Church of God event and doctrines and practices of the Church of God, Cleveland, TN will be taught and practiced. This includes but is not limited to, communion and water baptism. I further understand only camp participants and staff/volunteers will be permitted to attend said events. I give permission for my child to travel with camp volunteers, employees, and/or agents of the camp. I hereby waive, release, and discharge all claims, demands, and causes of action against the program officials, the Church of God in Ohio, and International Offices, Cleveland, TN, their agents, employees, and participants arising from any damages, property loss, or injury my child may sustain at Camp. If my child causes damage to property through willful destruction and/or by accidental means, I hereby accept financial responsibility to repair/replace said property at Church of God in Ohio officials' discretion.

I understand that my child may be denied involvement in any activity for safety precautions or as penalization for disobedience of camp rules at the discretion of officials or volunteers. I further understand campers are allowed to bring cell phones to camp (earbuds/headphone are not allowed). The camper assumes ALL liability for his/her cell phone while at camp. There will be certain times and places where cell phones will not be permitted. Any camper taking a compromising picture of another camper or staff may be subject to dismissal from camp. If the law is broken, appropriate authorities will be notified. If my child breaks the camp rules, or is disobedient, and is dismissed from camp, I am responsible to immediately retrieve my child from the property. I further understand, this would forfeit all deposits/fees paid.

I further consent to allow the Church of God in Ohio Program Officials to provide routine health care, administer prescribed medications, and seek emergency medical treatment as needed. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the staff to secure and administer treatment, including hospitalization, for the camper named above. I understand that the Church of God in Ohio insurance policy is secondary coverage for my child, that my coverage is primary, and I hereby accept all responsibilities for medical costs.

By signing this waiver, I hereby grant the Church of God in Ohio the right to take photographs and video of my child in connection with the above-identified subject. I authorize its assigns and transferees to copyright, use and publish the same in print and/or electronically. I declare that the information provided to me in the Camper Information Packet is acceptable and the information I provided is accurate and current. I hereby state that I have completed all components of this said application and declare I understand and accept the conditions therein.

Parent/Guardian Signature

Date

CAMPER COMMITMENT

I _____, have read and do, hereby, agree to abide by the Church of God in Ohio Youth Camp Code of Conduct. I understand that any breach of proper conduct or disregard of camp rules will result in disciplinary action. This disciplinary action is at the sole discretion of the camp leadership and may include but is not limited to dismissal from camp without a refund.

Camper Signature

Parent/Guardian Signature

Emergency Contact #1: _____

Phone #: _____

Emergency Contact #2: _____

Phone #: _____

Camper Medication Form

(Please fill out completely and legibly. Use separate paper for more room)

1. Place medicine and this completed form in a zip lock bag.
2. Bring zip-lock bag to the Camp Nurse at Registration. **DO NOT PACK IN SUITCASE**

Name: _____

AGE: _____ Sex: _____ CAMP: _____

Medicine, Time, Dosage, Special Instructions: _____

Allergies: _____

Parent/Guardian: _____ Phone: _____