



Medical Release & Permission Form

Camp Exemplar

STUDENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK ONLY)

Name _____ Date of Birth ____/____/____
Last First MI

Biological sex at birth: Male Female Age ____ Last school grade completed 5k 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
(please circle)

Address _____ City _____ State _____ Zip _____

Best Contact Phone _____ Other Phone _____ Email Address _____

PARENT/GUARDIAN INFORMATION

Father's name _____ Best Contact Phone _____ Other Phone _____

Mother's name _____ Best Contact Phone _____ Other Phone _____

Emergency contact _____ Phone _____ Relationship to student: _____

Does emergency contact have permission to authorize medical treatment if necessary: Yes No

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Medical Insurance Company _____ Policy Number _____

Is activity sponsor authorized to approve medical treatment? _____ YES _____ NO

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student:

- 1. For your student's safety and our knowledge, is your student a: good swimmer fair swimmer cannot swim
- 2. Does your student have allergies to: pollens medications food insect bites Other (if you checked a box, please list allergies below)

3. Has your student been diagnosed by a physician with any of the following medical conditions:

- asthma epilepsy/seizure disorder heart trouble diabetes frequently upset stomach physical handicap Other

4. Does your child wear: glasses contact lenses

5. Date of last tetanus shot: _____

6. Should your student's activities be restricted for any reason, please submit the reason in writing and attach to this form.

Over, please

In consideration of being accepted by Town Creek Baptist Church of Aiken, South Carolina for participation in Camp Exemplar's, activities events or trips, we (the parent/legal guardian of Participant or I, (being 18 years of age or older), for ourselves and on behalf of the child participant to hereby release, forever discharge and agree to hold harmless Town Creek Baptist Church of Aiken, it's staff, employees, leaders, directors, volunteers and any other agents (hereinafter called "agents") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said child is participating in any church activity, event or trip, regardless of the location(s) of such activity, event or trip.

ACTIVITIES:

Activities may include, but are not limited to: Cookouts, boating, water skiing, swimming, paint ball, basketball, roller skating, rollerblading, games in the park, soccer, broomball, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, jumping on trampolines, hayrides, bonfires, go carts, laser tag etc.

NOTE: If you desire to limit your child's participation in any event, please submit your wishes in writing to the ministry pastor prior to that event. _____Parent/Guardian Initials

PERMISSION TO PARTICIPATE

I (If the Participant is 18 years of age or over) or We the parents/legal guardians (if participant is under 18 years of age) give our/my permission for:

Student's Name: _____ to participate fully in all church activities, events, or trips with Town Creek Baptist Church of Aiken, South Carolina. Town Creek Baptist Church or its agents is authorized to furnish any necessary transportation, food and lodging for this participant, except when otherwise stated for the activity, event or trip.

In consideration for the opportunity to participate in activities, as well as transportation to and from the activity, I/We the parents/legal guardian acknowledges and assume all risks of injury associated with but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by its agents.

INDEMNIFICATION

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Town Creek Baptist Church or its agents for any injury arising directly or indirectly out of the activity or transportation to and from the activity, whether such injury arises out of the negligence of Town Creek Baptist Church, its Agents, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and Town Creek Baptist Church cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

MEDICAL TREATMENT AUTHORIZATION

I/We (parents/legal guardian) give our/my permission for Town Creek Baptist Church and its Agents to seek whatever medical attention is deemed necessary, and take said participant to a doctor or hospital. I/We authorize medical treatment, including but not limited to emergency surgery, and will assume the responsibility of all medical bills, if any.

UNPLANNED TRANSPORTATION

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I/we assume all transportation costs, and to fully indemnify and/or reimburse Town Creek Baptist Church of Aiken or its agents.

PHOTO/AUDIO/WEB RELEASE

I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child/participant during their participation in any activity, event or trip to be used, distributed, or shown as said Church see fit including but not exclusive to: slide shows, church web site, print media and local newspapers.

FOR YOUR PROTECTION WE EXPECT EACH STUDENT TO CONFORM TO THESE RULES OF CONDUCT

- No possession or use of alcohol, drugs or tobacco
- No students can drive
- No fighting
- No weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No boys in girl's sleeping quarters and no girls in boy's sleeping quarters

WE DO EXPECT EACH STUDENT TO:

- Participate with the group
- Respect the property
- Respect one another as well as the staff and all adult leaders
- Respect and comply with event schedules

STUDENTS WHO FAIL TO COMPLY WITH THESE EXPECTATIONS MAY BE SENT HOME AT THEIR PARENTS EXPENSE

I, the student or We (parent/legal guardian) have read the rules of conduct, the evaluation of participant's health and permission to participate in student activities. I agree to abide by the stated personal limitations and rules of conduct.

Signature: _____ Date _____

NOTE: PLEASE NOTIFY THE CHURCH OFFICE REGARDING ANY CHANGE OF STATUS IN THIS FORM AS SOON AS POSSIBLE

Please place a copy of the front of your Insurance Card here

I, the student, or We, (parent/legal guardian) under penalties of perjury, declare that I/we have read the foregoing document and declare the facts stated in it are true and current for the dates of May 1, 2024, through August 31, 2024.

Print the name of the Parent/Legal Guardian of Participant
(if participant is under the age of 18)

Signature of Parent/Legal Guardian of Participant

Date Signed

This signature was acknowledged before me this the _____ day of _____, 20_____

Notary Seal

Signature of Notary Public in and for the State of South Carolina