

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**GGTC Youth Camp 2008**

**IN CASE OF MEDICAL EMERGENCY/ PERMISSION FORM/ PHOTO RELEASE**

*This form is to be completed and signed by a parent/guardian.*

**Part I: IN CASE OF MEDICAL EMERGENCY**

**For GGTC Youth Camp**

I understand that when medically feasible, every effort will be made to contact a parent or guardian, but in the event one is not reached or if it is not medically feasible to contact one, I hereby give permission for my son/daughter to be treated.

I understand medical/health information provided on this form will be used by GGTC Youth Camp Counselors with the planning and implementation of activities and emergency medical service/personnel to ensure the health and safety of all participants.

My insurance carrier \_\_\_\_\_

Our group policy number is \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR HOSPITAL AUTHORITIES**

I hereby authorize emergency treatment, administration of anesthesia, and surgical treatment(s) for my child in the event of an emergency medical situation occurring during my absence or when hospital or medical authorities are unable to contact me. I release hospital or medical authorities from responsibility and liability for performing medical procedures deemed necessary during my absence. I release Grace Gospel Temple Church from responsibility and liability for obtaining medical procedures deemed necessary during my absence.

\_\_\_\_\_  
(Signature of Parent/ Guardian)

\_\_\_\_\_  
(Date)

**Part II: DISCLOSURE STATEMENT**

I recognize and acknowledge that there are certain risks of injury, damages, or losses connected with or associated with Camp at Lost Valley Lake Resort and Grace Gospel Temple Church. is not liable for any damages arising from personal injuries or damages to property which my child may cause on or about the premises Lost Valley Lake Resort I agree to waive and relinquish all claims I may have as a result of my child participating in GGTC Youth Camp against Grace Gospel Temple Church, its leaders, counselors, or members, and I will assume full responsibility for any such injuries or damages.

I also hereby release Grace Gospel Temple Church; its leaders and members, and assigns from any responsibility for injury illness or accident, which might happen to my child.

\_\_\_\_\_  
(Signature of Parent/ Guardian)

\_\_\_\_\_  
(Date)

**Part III: PHOTO RELEASE**

I hereby consent that photographs, digital images, film and/videotape taken may be taken of my son/daughter to tell the story of GGTC Youth Camp and Grace Gospel Temple Church through publications, events and media purposes. These photographs, digital images, film, and/or videotape shall be the property of Grace Gospel Temple Church, which has the right to duplicate, reproduce and make other uses in the best interest of Grace Gospel Temple Church, free and clear of any claim what-so-ever on my part.

YES  NO

\_\_\_\_\_  
(Signature of Parent/ Guardian)

\_\_\_\_\_  
(Date)