



Release of Liability/Consent for Transportation Medical Treatment, Appearances

Date: ____/____/____
Camper's Name: _____ Date of Birth: ____/____/____
Address: _____
City: _____ State: _____ Zip: _____
Father/Guardian Name: _____ Mother/Guardian Name: _____
Business Name: _____ Business Name: _____
Business Phone: _____ Business Phone: _____
Cell Phone: _____ Cell Phone: _____
Person to contact **in case of emergency** if parents cannot be reached: _____
Emergency contact phone: _____ Relationship to child: _____
Physician's Name: _____ Phone: _____
Does your child have allergies? Yes No (please circle one) Explain: _____
Name of Insurance Provider: _____ Group #: _____ Phone: _____

Release for Medical Treatment:

I understand and agree that in the case of injury or sickness every attempt will be made to contact me, but in case I cannot be reached, I give my consent to Children of Promise for my child to be treated by emergency and medical care professionals, at my expense, as they deem necessary.

Parent/Guardian Signature: _____ Date: _____

Waiver and Release of Liability/Consent for Transportation:

I hereby give permission for my child, _____, to be released to Children of Promise for field trip transportation.

I understand that participation in physical activities may lead to injury and hereby give my permission for my child to participate in Children of Promise Enrichment Camp programs. I release, and hold harmless Children of Promise Enrichment Camp, all Camp employees, Trinity Chapel Academy, Trinity Chapel Church, and its employees from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future for injuries, death or illness that might occur during these summer programs. I verify that to the best of my knowledge the above named camper is physically able to fully participate in all activities associated with these programs.

Parent/Guardian Signature: _____ Date: _____

Appearance Agreement:

I understand that Children of Promise from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp, my child may be included in videotapes, photographs, DVDs, podcasts, and videocasts taken during the Camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of my child, hereby assign, transfer and grant to Children of Promise, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape my child and to utilize such videotapes and photographs and ,my child's name, face, likeness, voice and appearance as a part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that Children of Promise is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of my child, waive any right to inspect or approve any materials related thereto.

Parent/Guardian Signature: _____ Date: _____