



CREATED BY GOD RETREAT APRIL 23-25, 2010

Parental consent, Medical Treatment Authorization, & Waiver of Liability, Release, & Assumption of Risk

Child's Name: _____ M ___ F ___ Grade: _____ Birth Date: _____

Address: _____
Street - Apt Number City, State Zip code

Daytime Phone Number: _____ Evening Phone Number: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Relationship to the participant: _____

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Warren W. Willis United Methodist Camp will attempt to notify me in case of a medical emergency involving my child. If the camp staff cannot reach me, then I authorize the camp to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

Allergies or other health considerations:

Insurance Company: _____ Policy/Group # _____

WAIVER OF LIABILITY, RELEASE & ASSUMPTION OF RISK

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OWNER: WARREN W. WILLIS UNITED METHODIST CAMP AND THE FLORIDA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

Participant's (Child's) Name: _____

DATES OF ACTIVITY: Friday, April 23 – Sunday, April 25, 2010

TYPE OF ACTIVITY: Created by God Retreat Activities including the Low Challenge Course
(please see retreat schedule or contact the camp office if you have any questions concerning the nature of these activities)

Participant (and participant's parent(s)/guardian(s), if applicable) hereby acknowledge and understand that voluntary participation in Challenge Programs and Courses involves the risk of injury and/or death. These risks and dangers may be caused by the negligence of the participant or the negligence of others. By participating in such activities, participant (and participant's parent(s)/guardian(s), if applicable) expressly assume all the risk, consequences and liability related to this activity.

Participant (and participant's parent(s)/guardian(s) if applicable) hereby release, forever discharge and hold harmless the Warren W. Willis United Methodist Camp, Florida Annual Conference of the United Methodist Church, it's officers and directors, employees, agents and volunteers from all actions, causes of action, injuries, claims, negligence, costs or expenses, arising out of or related to any such activities.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this is a full and complete release of all injuries and damages which may be sustained as a result of my participation in the above noted activities.

We also hereby consent to and authorize the reproduction, publication, and use by the Owner for advertising, commercial, or any other purpose, of any photograph, picture video or likeness of my child or other family members.



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PARENTAL CONSENT

As the parent (or legal guardian) of: _____
Child's Name

I understand that my child/youth will be participating in a number of activities while at the Warren W. Willis Camp, which carry with them a certain degree of risk. Some of the activities may be swimming, boating, hiking, challenge course, sports and other activities which the camp may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's activities:

_____ I represent that my child is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child has restrictions on the following particular activities:

Participant Signature: _____

Parent or Guardian Signature: _____ **Date:** _____

Parent or Guardian Printed Name: _____

TO BE COMPLETED BY A NOTARY PUBLIC

State of Florida, County of _____

The forgoing instrument was acknowledged before me this day _____ of _____ 20 _____ by (print name) _____ who is personally known to me, or has produced (type of identification) _____ as identification and did not take an oath.

Notary Public (signature): _____

Name of Notary printed: _____

My Commission expires: _____

My Commission number is: _____ (Notary Seal/Stamp)