

CAMP SONLIGHT 2011 CONSENT FORM

(SIGN and UPDATE in ink, YEARLY)

I, the undersigned, parent(s) or guardian(s), hereby consent to my child, _____, who is _____ years of age, participating in the activities connected with the Camp Sonlight camp program, and at Camp Good News, in Charlestown, New Hampshire, an activity sponsored by Victory Baptist Church, on August 15-20, 2011. I understand that this activity will include the following: transportation to and from Camp Good News, sports activities, swimming, canoeing, archery, riflery, and other camp activities. I expressly grant permission for my child to participate in any and all of these activities. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event that an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, as determined by church officials, I hereby authorize the church or the adult sponsor, to make emergency medical decisions for my child. If there are any activities that I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, hold harmless and forever discharge Victory Baptist Church and /or its Camp Sonlight Ministry, or its agents, employees and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child’s participation in the described activity or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Vermont and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND FULLY UNDERSTAND THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

Medication conditions to be aware of: _____

Physical restrictions: _____

Instructions and medications: _____

Date of last tetanus or booster: _____

I do not wish my child to participate in the following: _____

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Telephone numbers where I may be reached in an emergency: _____
