



Kids Camp Liability Form

In consideration for being accepted by Faith Assembly of God for participation in Kids Camp, July 1-4, 2026 we (I), being 21 years of age or older, do ourselves (myself) (and for, and behalf for my child-participation if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Faith Assembly of God and the directors thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage expenses, of any nature whatsoever which may be incurred by the undesigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) (and behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of person injury, sickness, death and expense as a result of participation in recreation and work activities involved therein. Furthermore, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church, its dictions, employees and agents, for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

NAME OF PARTICIPANT/STUDENT Parent/Guardian Phone Number
Hospital Insurance Yes No Insurance company
Father Date
Policy Number Mother Date
Physician Mother Date
Physician's Phone Legal Guardian Date
Emergency Phone Numbers Participant (if age of 21) Date



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