

LIABILITY RELEASE FORM - Staff
CAMP KOINONIA 2023
Junior Week – July 8-14

This instrument (the "Release and Consent") is executed by the undersigned in connection with the participation in activities conducted by or in connection with the Harpeth Hills Children's Ministry (HHCM) of Harpeth Hills Church of Christ (Harpeth Hills) during Camp Koinonia. In consideration for being accepted or permitted to participate by Harpeth Hills in Camp Koinonia, we (I) being 21 years of age or older, do for ourselves (myself) and for do hereby release, forever discharge, and agree to hold harmless HHCM and Harpeth Hills, the directors thereof, and the adult chaperones of Camp Koinonia, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned while participating in Camp Koinonia.

Furthermore, we (I) hereby assume all risk of personal injury, sickness and death, damage and expense as a result of involvement in Camp Koinonia.

The undersigned further hereby agree to hold harmless and indemnify HHCM, Harpeth Hills, its directors, and the adult chaperones of the Camp Koinonia against any cost, expense, claim, damage or liability sustained or incurred as the result of the negligent, willful, or intentional acts of my participant, including expenses incurred attendant thereto.

Print name of participant

Participant's signature

Please check one : Agree Disagree I authorize the collection, use, and distribution of photos, video, film, and digital images of applicant to be used in all forms of electronic and print media for and by Harpeth Hills Church of Christ.

MEDICAL HISTORY & CONSENT FOR EMERGENCY CARE

I, _____ (Name of participant), in the event of a medical emergency, as determined by an employee of Harpeth Hills or an adult chaperone for Camp Koinonia, I hereby extend power of attorney for the authorization of medical care for the above named at any hospital, clinic, doctor's office, or other medical facility. I assume full responsibility for any and all medical expenses incurred should medical care be needed.

My regular physician is _____, office telephone number _____

Date of Birth _____ Last Tetanus Shot _____ Allergies _____

Existing medical problems _____

Routine medication(s) _____

Restrictions _____

Insurance Company _____

Insured Person _____ Policy No. _____ Group No. _____

Home/Work/Cell Telephone No. _____

Emergency Contact Name _____

Home/Work/Cell Telephone No. _____

Signature of Participant _____ Date _____