

**LIABILITY RELEASE AND MEDICAL CONSENT FORM**

**CAMP AGREEMENT**

**LIABILITY RELEASE**

The undersigned individual and, where applicable, the minor or child described below over whom the undersigned individual represents that he/she has legal authority (collectively "Participants") enter into this Camp Agreement ("Agreement") with Church of the King, Incorporated ("COTK") in the context of a church camp sponsored by COTK ("Camp").

Participants' participation in activities related to Camp, including but not limited to sporting events and activities; physical exercise; outdoor and other recreational activities and games; physically challenging activities of various kinds; use of various types of equipment, sporting equipment, devices, and/or dangerous or potentially dangerous things; transportation to and/or from Camp and/or any and all activities arising from or related to participation in Camp; and all other activities, whether active or passive, arising from or related to Camp, including but not limited to merely being present (collectively "Activities") is conditioned upon and in consideration of acceptance of the terms of this Agreement.

Participants understand and agree that participation in Activities is strictly voluntary, that participation in Activities may be dangerous or inherently dangerous, that bodily injury up to and including serious bodily injury and even death may result from participation in Activities, and that participation in Activities is at Participants' own risk.

Participants understand and agree that it is a part of Camp for COTK and COTK's agents, employees, volunteers, affiliates, directors, officers, assigns, successors, and licensees (collectively "Released Parties") to record audio and/or video and/or photographic footage ("Footage") of Participants during Camp, while Participants are participating in Activities, and/or during interviews during which Participants may be invited to provide comments, testimonies, a performance, creative material, singing, or other contributions to the Footage. COTK and/or any of the Released Parties may use Footage by making edits, alterations, adaptations, enhancements, and synchronizations (collectively "Edits") to it; by broadcasting it before a group or audience of people; by publishing or broadcasting it over the Internet in any way; by creating CDs, DVDs, and/or any other copies of it in any format and/or in any medium, which may be given away or provided for free for any purpose and/or may be sold for a fee or price collected by COTK and/or any of the Released Parties (collectively "Uses"). Participants consent and agree to the taking of the Footage, consent and agree to all of the Uses of the Footage, and consent and agree that COTK shall exclusively own all worldwide right, title, and interest in and to the Footage, the Edits, and the Uses and all results thereof, and further assign to COTK all right, title, and interest that Participants may have in and/or to the Footage, the Edits, and the Uses and all results thereof. Participants shall never be entitled to any royalties, payments, compensation, remuneration, benefits, or any other consideration of any kind arising from or relating to the Footage, the Edits, or the Uses or any results thereof.

Participants hereby and forever waive and release the Released Parties from any and all damages, injuries, causes of action, fees, attorney fees, losses, claims, demands, and suits whatsoever arising from or relating to Camp, Activities, Footage, Edits, and Uses and the results thereof, as each defined in this Agreement.

Minor/child name: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**MEDICAL CONSENT**

**HEALTH HISTORY**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Diabetics           | <input type="checkbox"/> Emotional/Behavioral Disability | <input type="checkbox"/> Sleep Disturbances                     |
| <input type="checkbox"/> Cardiac             | <input type="checkbox"/> Mental Disability               | <input type="checkbox"/> Vision/Hearing Impairment              |
| <input type="checkbox"/> Chronic Asthma      | <input type="checkbox"/> Seizure Disorder                | <input type="checkbox"/> Motion Sickness                        |
| <input type="checkbox"/> Nervous Disorder    | <input type="checkbox"/> Epilepsy                        | <input type="checkbox"/> Appliances (retainers, contact lenses) |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Other                           |   |

Date of Last Tetanus Shot \_\_\_\_\_

If you have checked any of the above, please give details:

Allergies: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

**CAMPER MEDICATION INFORMATION**

Camper's Name \_\_\_\_\_

Camper's Allergies \_\_\_\_\_

I give my permission to Church of the King to administer first aid for minor injuries and to give over the counter medicines such as Tylenol, Ibuprofen, anti-itch cream, antibiotic ointment, and treatment for sunburn to my child(ren) listed below during Kids Camp 2011.

Camper's Medical Information

Name of Medication	Dosage	Time Taken	Reason
1.			
2.			
3.			
4.			

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ (Parent/Guardian)  
Date \_\_\_\_\_

This health history is correct, to the best of my knowledge. I hereby give my permission to the physician, nurse, or dentist selected by CHURCH OF THE KING to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. (Use back of form for any explanations).

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian

