

Spokane Baptist Church



TEEN CAMP 2024

JUNE 21-24

CONTACT PASTOR JAMIE FOR ANY EXTRA
INFORMATION

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820 S ROSS POINT RD, POST FALLS, ID 83854

Consent and Release Form for Teen Camp 2024

I, the undersigned parent or legal guardian, hereby consent to _____, herein referred to as my child, who is _____ years of age, participating in the activities connected to Teen Camp at Ross Point Baptist Camp in Post Falls, Idaho. These activities are sponsored by Spokane Baptist Church from Friday, June 21st to Monday, June 24th, 2024.

I certify that my child is able to participate in these activities involved at Teen Camp, including sports, wide games, and swimming. 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/s listed below. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, _____, to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have specifically listed them below.

I understand and hereby agree to assume all of the risks which may be encountered on said activities, including activities preliminary and subsequent thereto.

I do hereby agree to hold Spokane Baptist Church and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which my child now has or which may arise in the future in connection with the activity or participation in any other associated activities. I also specifically agree that Spokane Baptist Church shall not be responsible for such injuries, loss or damage even in the event of negligence or fault by Spokane Baptist Church.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Washington, and that if any portion thereof 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, and the terms of this release are contractual and not a mere recital.

_____ *Initials*

_____ *Initials*

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I understand this is a legally binding agreement. **I further state that I have carefully read the forgoing release and know the contents thereof and I sign this release as my own free act.**

Medical conditions to be aware of:

In case of emergency, please list any medications/dosage, including OTC, the child currently takes:

Physical restrictions and/or dietary restrictions:

Date of last tetanus and/or booster: _____

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

Telephone number(s) where I may be reached in an emergency:

Home: _____ Work: _____ Mobile: _____

Home: _____ Work: _____ Mobile: _____

Date: _____

Date: _____

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian