

Hoosier Hills Baptist Camp

Waiver of Liability

Event Name: _____

Participant's Name: _____

Event Date: _____

Participant's Birthdate: _____

Participants are expected to cooperate in activities and abide by camp policies of conduct and attire. The camp reserves the right to dismiss participants who fail to follow these guidelines. I give permission for my child to participate in all on-site activities. Photos or videos of me or my child can be used for promotional purposes without remuneration. I understand that Hoosier Hills Baptist Camp is a Christian camp where Christian principles will be taught. I understand that camp will provide medical care to my child for injuries or illnesses, that camp reserves the right to bill me for excessive medical supplies, and that all off-site medical expenses will be directed through the my insurance or the health insurance policy of the child's parent/guardian . I understand that camp coverage is an Excess Plan. I will not hold Hoosier Hills Baptist Camp liable in the event of injury or illness to my child. In case of a medical emergency, I understand that every reasonable effort will be made to contact me. If I cannot be reached, I give permission to secure reasonable medical treatment.

Signature of Participant (over 18) or
Parent/Guardian of Participant (minor under 18): _____

Date _____ Phone _____ Emergency Contact/Phone _____



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