

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 myself or 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 may provide medical care to myself or my child for minor 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 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 myself or 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 for my child, or if my emergency contact cannot be reached, I give permission to secure reasonable medical treatment for myself.

Signature of Participant (over 18) or Parent/Guardian signature for Participant under 18:

Date: _____ Emergency Contact & Phone # _____

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