

**2019 MERGE Missions Camp Medical/Media
Permission and Release Form**

Campers Name: _____ () Male () Female
Address: _____ City _____ State _____ Zip _____
Date of Birth ____/____/____ Age ____ School Grade Completed _____
Parent(s)/Guardian(s): _____
Home Phone: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____
Primary Physician: _____ Phone: () _____ - _____
Insurance Provider: _____
Providers' Phone: () _____ - _____ Policy #: _____
Billing Address: _____ City _____ State _____ Zip _____
Allergies: Drug _____
Food _____
Insect Stings/Bites _____
Other _____
Other Medical Conditions: _____
List All Current Medications: _____
Special Diet (explain): _____

I, the undersigned, do hereby agree to release and forever waive any claim which may arise against all MERGE Connection Campuses, which includes First Baptist Church, Crosspointe, and Tipton Rosemark Academy, their employees, or volunteers, along with any other churches or facilities associated with or sponsored by MERGE mission projects. This waiver of rights shall be effective immediately and shall continue to be in force until the camp ends. **Camp dates are from June 24 through June 28, 2019.**

This release specifically includes all claims and demands of whatever nature, actions, and cause of actions, damages, costs, loss of services, expenses and compensation on account of or in any way growing out of personal injuries, illnesses, and/or property damage having already resulted or to result at any time in the future, whether or not contemplated at the present time of whether or not they arise following the execution of this release.

This release expresses a full and complete release of any liability, past or future, which may be claimed against all above listed MERGE Connection Campuses, their trustees, officers, employees and any volunteers.

Also, I understand that as a participant my child may be photographed or videotaped during the camp activities and those photos/videos may be used in promotional material.

I accept financial responsibility for the wellbeing of the above-named person and hereby authorize all MERGE Connection Campuses, their employees or associates in charge to obtain medical attention in case of sickness or injury. I also authorize the attending physician to provide any and all required medical treatment.

In witness whereof, releaser executes this release on the day and year written below.

Parent/Guardian Signature (if camper is under 18 years old) Date _____