

Church of the King Revolution Camp 2009 • July 27-31, 2009

LIABILITY RELEASE AND MEDICAL CONSENT FORM

LIABILITY RELEASE

I, _____, parent or legal guardian of _____, (hereinafter my camper) hereby acknowledge that it is my desire (for my camper) to participate in church sponsored activities at CHURCH OF THE KING, including activities on and/or away from the church premises as well as transportation to and from such activities.

I AM (MY CAMPER IS) VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my camper) to participate in such activities, including the transportation to and from such activities, I hereby release and discharge CHURCH OF THE KING, its officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents, Board of Trustees, before or during my participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

This Liability Release Form shall remain effective until revoked in writing and delivered to any officer, employee, or agent of CHURCH OF THE KING.

Executed this _____ day of _____, 2009, at _____.

Signature X _____

Parent or Guardian

MEDICAL CONSENT

HEALTH HISTORY

Diabetics Emotional/Behavioral Disability Sleep Disturbances
 Cardiac Mental Disability Vision/Hearing Impairment
 Chronic Asthma Seizure Disorder Motion Sickness
 Nervous Disorder Epilepsy Appliances (retainers, contact lenses)
 Physical Disability Other Date of Last Tetanus Shot _____

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

Allergies:

Activity Restrictions:

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

**PLEASE RETURN THIS FORM TO:
THE REVOLUTION CAMP TABLE AT THE CHURCH
OR TO THE CHURCH OFFICE:
22205 Little Creek Rd. Mandeville, LA 70471**