

Liability/Medical Release

Covering all activities participated in during the CCMA Rodeo Bible Camp
From May 28th thru 31st

Name of Student

In consideration for being accepted by 2019 CCMA Rodeo Bible Camp for participation in any activity or away trip, we, being the parent(s) or legal guardian(s) of the above participant, do release and agree to hold harmless CCMA Rodeo Bible Camp and the director thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and child-participant that occur while the student is participating in any activity.

We, on the behalf of our child-participant, assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved.

Authorization and permission are given to CCMA Rodeo Bible Camp to furnish any necessary transportation, food, and lodging for our child participant.

We, as parents/legal guardians of the child-participant, give our permission for him/her to participate fully in the activity. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible, and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, the Camp Director may choose a reputable physician.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.

Father's Signature

Date

Mother's Signature

Date

(Both parents must sign, unless parents are separated or divorced in which case the custodial parent must sign.)

Parents' Phone

Date

Legal Guardian

Guardian's phone

Hospital Insurance Yes No

Notary

Date

Insurance Company

Policy Number

Insurance Company Phone

Physician

Phone

Emergency Phone Numbers

CCMA Rodeo Bible Camp

8110 South Houghton Road, Suite Number 158 #206, Tucson, AZ 85747

ADDITIONAL MEDICAL INFORMATION - (BACK OF FORM)

STUDENT'S NAME _____

DATE OF BIRTH _____

List Any Food Allergies _____

List Any Drug Allergies _____

List Any Drugs Presently Taking _____

Do we have your approval to give your child over-the-counter medication if needed (for example, Tylenol, Advil, Cough/Sinus Medication, etc.? _____

Please note any medical conditions we should be aware of:

Does your child wear contact lens? _____

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Sign below to acknowledge that the information you provided on this page is true and correct.

Participant \_\_\_\_\_ Date \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me,

\_\_\_\_\_, Notary Public, personally appeared

( ) personally known to me

( ) proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/ their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary