

**First Community Church  
Camp Waiver Form**

**ADULT**

**T-Shirt Size (No shirt if waiver is received after Jan 13)**

YXS	YS	YM	YL	YXL	S	M	L	XL	2X	3X	4X

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Dr. Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Emergency Contacts

Name / Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name / Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company under which you are covered \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

Do you take medication? ☐ No ☐ Yes

If yes, what? \_\_\_\_\_

Do you have any known allergies? ☐ No ☐ Yes

If yes, what? \_\_\_\_\_

Do you have any health problems and/or restrictions on your activities? ☐ No ☐ Yes

If yes, please describe \_\_\_\_\_

I hereby make application for my participation in the camp program of the First Community Church of Leavittsburg. I will obey all rules and regulations, which are for the purpose of keeping order, and to protect campers from injury. I recognize that there is some risk involved which requires the adherence to these rules. I hereby release First Community Church of Leavittsburg, its officers, instructors, members and guests against all responsibilities and all claims for injuries that I may receive while participating in the aforesaid activity. In recognizing that some risk is involved, I hereby agree to save and indemnify and keep harmless First Community Church of Leavittsburg, its officers, instructors, members and guests against all liability claims, judgments, or demands for damages arising from accidents or injuries or from aggravation of a preexisting condition or from any injury resulting from that condition. I hereby give my authorization to contact the above listed physician, hospital or dentist when medical attention is needed and reasonable if I am unable to do so on my own behalf.

I acknowledge that I have read and understand this agreement. For value and/or consideration received, I attest to the agreement without duress. I hereby certify that the above information is true and correct.

**MEDIA CONSENT FORM AND RELEASE**

I hereby grant First Community Church (FCC) of Leavittsburg, Ohio the absolute right and permission to use photographic portraits, pictures, digital images, or videotapes of me, or in which I may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any FCC publication or on the FCC website, without payment or any other consideration. I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein my likeness appears, or the use to which it may be applied. I hereby release, discharge, and agree to indemnify and hold harmless FCC from all claims, demands, and causes of action that I have or may have by reason of this authorization or use of my photographic portraits, pictures, digital images or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videotapes, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials.

I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

PLEASE CHECK APPROPRIATE BOX: ☐ I GIVE MEDIA CONSENT ☐ I DO NOT GIVE MEDIA CONSENT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date