

# First Community Church Camp Waiver Form

## CHILD

T-Shirt Size (No shirt if waiver is received after Jan 13)											
YXS	YS	YM	YL	YXL	S	M	L	XL	2X	3X	4X

Child's Name	_____	Date of Birth	_____
Doctor's Name	_____	Dr. Phone	_____
Preferred Hospital	_____		
Dentist's Name	_____	Dentist Phone	_____
Parent/Guardian	_____		
Home Phone	_____	Cell Phone	_____
Alt. Phone	_____		
Emergency Contacts (in case parent/guardian cannot be reached)			
Name / Relationship	_____	Phone	_____
Name / Relationship	_____	Phone	_____
Insurance Company under which child is covered _____			
Policy Number	_____	Phone	_____
Does your child take medication? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, what? _____			
Does your child have any known allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, what? _____			
Does your child have any health problems and/or restrictions on your activities? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please describe _____			

I hereby make application for my child's acceptance in the camp program of the First Community Church of Leavittsburg. I will instruct my child to 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 but efforts to contact me have been unsuccessful.

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 FOR MINOR CHILDREN

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 My Child, or in which My Child 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 Child's 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 Child's 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