



Parental Consent and Release for Woodlands Church Activities, Programs and Events

Name of Child/Student: _____

Child/Student's Date of Birth: _____

Program: CAMP ENCOUNTER 2017

I, the undersigned, am the parent or legal guardian of the child or student ("Child") named above.

As the parent or legal guardian of the Child, I certify and affirm that I have been completely and thoroughly informed that by attending Woodlands Church (the "Church"), my child will participate in certain activities, programs and events associated with weekend services, children or student programs, out-of-town camps, fellowship activities, field trips (including off Church property and overnight) and other activities associated with participating in the children and student programs of the Church ("Programs"). I understand that the Programs may be the same or similar on a week-to-week basis or they may vary depending upon the judgment of the children and student leaders of the Church. I do not need to be informed of each and every activity, program or event as I have sufficient understanding of their general structure.

I desire and do consent for my child to participate in the out-of-town camp "Camp Encounter 2017." I acknowledge and understand that this PARENTAL CONSENT AND RELEASE has the same force and effect regardless of whether the Programs engaged in are free or if a fee is charged. I consent to allow my child to be transported to and from Camp Encounter 2017 pursuant to the travel arrangements made by the Church for this particular Program.

Further, I personally assume, on my child's behalf, all risk in connection with Camp Encounter 2017 for any harm, injury, or damages that may befall my child as a result of my child's participation in this program, whether foreseen or unforeseen, and I still wish to allow my child to attend and participate in Camp Encounter 2017.

In consideration of my child being allowed to participate in Camp Encounter 2017 and to use the Church's equipment and facilities, on behalf of my child, and as to myself as parent and legal guardian, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Church, the corporation, its officers, directors, pastors, employees, volunteers, agents and contractors from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in Camp Encounter 2017 or use of the Church's equipment and facilities, unless such claims arise from the gross negligence or willful misconduct of the church or any church related parties.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the United States or any health care professional duly licensed to provide health care services in the United States for medical care and services deemed necessary by the Church, its agents, servants, volunteers, and employees. In the event that it is not possible to acquire the services of a physician or health care provider to diagnose and treat my child based upon the existing circumstances, I also consent to the employees,



volunteers, and agents of the Church to use their best judgment, as “Good Samaritans,” to provide medical assistance until a physician or health care provider can be obtained.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses as a result of the use of this consent.

I understand that it is my obligation to inform the management of the Church of any and all health considerations or medical conditions that would affect or restrict my child’s participation in Camp Encounter 2017. I will not allow my child to participate in any specific Programs of the Church which I know or should know would jeopardize my child’s health or safety based upon my child’s then-existing medical or health conditions or that would subject other children or youth of the Church to disease or illness.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child’s participation Camp Encounter 2017, I may be found by a court of law to have waived my right to maintain a lawsuit against the Church on the basis of any claim from which I have released herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL CONSENT AND RELEASE by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Signature of Parent/Legal Guardian: _____

Print Name: _____

Date: _____



Minor Photo Release Form

I, _____ (Parent or Guardian) of _____ (Minor) hereby grant permission to Woodlands Church (the "Church") to use said Minor's photograph, likeness, image voice or performance on its Internet website, social media, CD or DVD labels, video tape or film clips, advertisements or other office Church publications at the sole discretion of the Church and to be used in whole or in part of any and all broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world.

I represent that I have the right, capacity, and authority to enter in to this agreement (herein after call "Agreement") and that the Minor's appearance and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any person or entity.

I understand that once the Minor's image appears on the Church's website, the image can be downloaded by any computer user. I expressly release the Church, its officers, directors, employees, volunteers and agents from any and all claims arising out of the use of the Minor's photograph or image on the Church's website. I agree to indemnify and hold harmless the Church, its officers, directors, pastors, employees, volunteers and agents from and against all claims, losses, expenses and liabilities of every kind including reasonable attorney's fees arising out of the inaccuracy or breach of any provision of this Agreement.

In consideration for said Minor's appearance and/or performance on the Church's website, social media, CD or DVD labels, video tape or film clips, advertisements or other official Church publication and all rights granted hereunder, I do not require or expect an monetary or financial payment or incentive or benefit but consider the Minor's appearance and/or performance to be a form of service to the Church.

This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing.

I represent that I am the parent and/or legal guardian of the above-named Minor. I agree that we both shall be bound by this Agreement.

PARENT OR GUARDIAN:

Signature
Name: _____

Date

WOODLANDS CHURCH:

Randy Reeves

Randy Reeves
Executive Pastor

05/09/17
Date

Carolina Creek Christian Camp Participation Agreement & Waiver

Name of Camp Participant _____

I am above the age of 18 and am signing this agreement as the camp participant.

I, _____, am the parent/legal guardian of the camp participant, a minor. I hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my permission to attend Carolina Creek Christian Camp.

Furthermore, I consent to give my child permission to participate in all activities including, but not limited to, climbing, repelling, low rope elements, high rope elements, swimming, other water activities, and all indoor and outdoor events and activities. I understand all activities are optional and that my child or I have voluntarily applied to participate in the events and activities of the Camp. I understand the foregoing activities and all other events, hazards or exposures connected with the Camp and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. **I am aware of the risks and damages inherent with those activities and I knowingly and willingly assume the risk of injury.**

Medical Information

Participant Name: _____

Group/Session Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Person to notify in case of an emergency: _____

Phone number(s) of emergency contact person: _____

Name of doctor and phone number: _____

General Health Information: Do you currently have any of the following?

1. Recent serious injury: Y N _____

2. Recent surgery: Y N _____

3. Allergies to medications: Y N _____

4. Food Allergies: Y N _____

5. Asthma: Y N _____

If yes to any of the above, please describe: _____

7. Do you take any medications regularly? Y N If so please list here: _____

(All medications must be in originally labeled containers)

8. If yes, will you have these with you? Y N _____

9. Your camper must have received all vaccinations required to enter school in the state of Texas in order to attend camp. Has your camper received all of these required vaccinations? Y N

10. Date of last Tetanus Shot _____

11. Add any other necessary medical information: _____

(Attach separate sheet if needed)

12. I give permission for my camper to receive age appropriate over the counter medication. Y N

Insurance Information:

1. Medical Insurance Company: _____

2. Plan or Group Number: _____

3. Insured Name: _____

4. Insured I.D. # or Member #: _____

5. Insurance Company Phone Number: _____

6. Insurance Company Address: _____

* You may copy both sides of your insurance card and attach it if it includes all of the above information.

Authorization for Emergency Medical Treatment

I have listed above my or my child’s physical conditions or medical problems that may need attention and all medications regularly used by myself or said minor. I understand failure to disclose medical information/condition may result in dismissal from Carolina Creek Christian Camp. In case of the illness of myself or my child, Carolina Creek Christian Camp will try to notify whoever is listed as the emergency contact person. In the event there arises a medical emergency concerning myself or my child, at a time where the emergency contact cannot be notified, I authorize Carolina Creek Christian Camp to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care. **I hereby consent and give my permission to the Carolina Creek Christian Camp staff or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself or my child that may, in their sole discretion, be necessary and proper under the circumstances.**

General Release and Waiver of Liability

I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS CAROLINA CREEK CHRISTIAN CAMP STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUSTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF OR MY CHILD DURING HIS/HER STAY AT CAROLINA CREEK CHRISTIAN CAMP.

In consideration for being permitted to attend Carolina Creek Christian Camp and participate in the activities conducted by the Camp, I, on behalf of myself, my child, my legal representatives, heirs and assigns, *do hereby release, waive, and forever discharge Carolina Creek Christian Camp and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child’s participation in the camp activities or any activities in connection with the Carolina Creek Christian Camp, whether by negligence or not.*

I, personally, and on behalf of my child (if child is the camp participant), hereby give Carolina Creek Christian Camp permission to use my and/or my child’s name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

X _____

**Adult Participant or Parent/Guardian Signature
Printed Name and Address of Signatory:**

Date: **X** _____

Medication Administration Record

- **ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH PHYSICIAN DIRECTIONS. OTC MEDICATIONS MUST BE IN ORIGINAL MANUFACTURERS PACKAGING. MEDICATIONS BROUGHT IN ANY OTHER FORM WILL NOT BE ADMINISTERED.**
- Please place medication bottles in Ziplock bag clearly labeled with child's first and last name.
- Primary dispensing times for medications will be at each meal unless otherwise noted by a physician.
- Medications must be turned in to nurse upon arrival at camp. **NO** medications (prescribed or OTC) or vitamins are allowed to be kept in the cabins.
- Please circle at which meal your child takes his/her medication.
- Fill out shaded column only; daily columns for administration use only.

Camper Name: _____ DOB: _____ M/F _____

Parent/Guardian Name: _____ Phone Number _____

Medication Allergies: _____

Parent/Guardian Signature _____ Date: _____

Medication Name And Times Taken	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Breakfast Supper Lunch Bedtime							
Breakfast Supper Lunch Bedtime							
Breakfast Supper Lunch Bedtime							
Breakfast Supper Lunch Bedtime							
Breakfast Supper Lunch Bedtime							