

Carolina Ministries TEEN Camp Liability Release Form

In consideration for being accepted by Carolina Ministries for participation in TEEN Camp at **Camp Walter Johnson, Denton, North Carolina**, I (we) being 21 years of age or older, do for myself (ourselves) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Carolina Ministries and the Trustees thereof from any and all liability, claims, or demands for personal injury, sickness or death as well as property damage and expenses, of any nature above-described trip or activity.

Furthermore, I (we) (and for and on behalf of my child-participant if said child is not 21 years of age or older) hereby assume ALL RISK of personal injury, sickness, death, damage or expense as a result of participant in recreation, activity, ocean swimming activities involved therein.

Further, authorization and permission is hereby given to Carolina Ministries and Trustees to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify Carolina Ministries to furnish any necessary employees or volunteers/agents for any liability sustained by said church as result of the negligent, willful or intentional acts of said participant, including expenses incurred thereto.

This liability release form gives my child authorization to swim.

If participant has not attained the age of 21 years, fill out completely.

Both parents must sign unless parents are separated or divorced, or custodial parent must sign.

Father's Name: _____ Home/cell #: _____

Father's Signature _____ Date: _____

Mother's Name: _____ Home/cell #: _____

Mother's Signature _____ Date: _____

Parent's Home/cell number: (_____) _____ - _____

Participant name: _____

Church Name : _____ Phone Number: (_____) _____ - _____

Ins. Co. Name: _____ Phone Number: (_____) _____ - _____

Hospital Insurance Yes No Ins. Policy number: _____

Physician's name: _____ Phone Number: _____

Emergency Contact Person: _____ Phone Number: _____

****By signing this form I agree to abide by all the rules and regulations of the Camp Walter Johnson facility and the rules and Directors of the 2021 Summer TEEN Camp. Failure to do so will result in ejection from the camp.***