

## Carolina Ministries Camp Liability Release Form

In consideration for being accepted by Carolina Ministries for participation in Kids Camp at **Camp Dixie, Fayetteville, 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 Dixie facility and the rules and Directors of the 2021 Summer Kids Camp. Failure to do so will result in ejection from the camp.***