

Camp Zion Release Form

- In checking this authorization, I acknowledge that I am aware that the activities associated with this event entail certain inherent risks including damage to property, personal injury and emotional stress. In consideration for being permitted to participate in this event, I agree to assume all such risks and hereby release and discharge Camp Zion, Feeding the Orphans and the landowner (O'Leary family) from any and all liability for any and all damage, loss, injury, or death of every kind and nature whatsoever which in any way arises out of my participation in this event.

Permission to treat in emergency *

- I hereby give permission to the chaperone to provide routine health care, administer prescription drugs, and seek emergency medical treatment including ordering X-rays and/or routine tests. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the chaperone to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for me/or my child as named in this form.

Permission to travel *

- I give permission for me/my child to be transported in a private vehicle if necessary.

Child's Name and age - _____

Phone number - _____

Parent or guardian signature - _____

Date: _____

Allergies - _____

