

PLEASE READ CAREFULLY AND SIGN BELOW:

I, the undersigned parent or legal guardian of the minor named herein, _____, hereby give my permission for my child(ren) to attend and participate in the Middle School Camp July 12-15, 2018 at the Head Waters Camp & Lodge in Head Waters, VA. In consideration of the above-named minor being permitted to attend and/or participate in such activity, program or event, I agree that I will not hold Pastor JT Spadin, The Uprising @ St. Paul's UMC of Hebron, MD Inc, or their staff, agents, representatives, volunteers, or others acting on behalf of St. Paul's Church, responsible for any accidents, injuries, damages or losses of any kind which may arise out of my child(ren)'s attendance at and/or participation in this youth event, and/or arising out of any transportation (including transportation in private vehicles) provided in connection with such event by or at the request of Pastor JT Spadin, The Uprising @ St. Paul's UMC of Hebron, MD Inc, its staff, agents, representatives, or volunteers.

I agree to allow decisions regarding emergency medical care for my child(ren) to be made and determined by the adult Staff of The Uprising @ St. Paul's UMC of Hebron, MD Inc. I hereby authorize The Uprising @ St. Paul's UMC of Hebron, MD Inc, or the adult staff member or volunteer designated by The Uprising @ St. Paul's UMC of Hebron, MD Inc, to consent on my behalf to emergency medical, surgical or dental examination or treatment in the event that such care is required for my child(ren). I understand that I will be responsible for payment of all emergency medical expenses incurred by or on behalf of my child(ren).

I further hereby authorize physicians and emergency medical personnel to provide medical attention and treatment which they , in their medical judgment, deem reasonably necessary for the emergency care of my child(ren) named above in the event of illness or injury. I agree not to hold St. Paul's Church, or individuals acting on behalf of The Uprising @ St. Paul's UMC of Hebron, MD Inc, or as volunteers in connection with the youth event, liable for any negligence, or any actions or omissions, relating to emergency medical care, and absolve them from all such liability.

Parent/Guardian's Name (PLEASE PRINT)

Student's Name(s)

Parent/Guardian's Signature

Date
