

Good Fri-Day Camp Liability Release Form

April 18, 2025

Bethel Christian A/G

I, _____ (parent and/or legal guardian), do for myself (and for and on behalf of my child(ren)- participant(s)):

Child Name: _____ d.o.b. _____

Child Name: _____ d.o.b. _____

Child Name: _____ d.o.b. _____

Child Name: _____ d.o.b. _____

Child Name: _____ d.o.b. _____

do hereby release, forever discharge and agree to hold harmless and indemnify Bethel Christian A/G and the pastors, teachers, and volunteers of Good Fri-Day Camp from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said child is participating in the above described activity.

I, as parent and/or legal guardian of the above-named child(ren) understand and acknowledge the following and wish to allow my child to participate in this activity;

I understand and acknowledge that there are inherent risks and dangers associated with inflatables, relays, and activities involving students;

Furthermore, I (and for and on behalf of my child(ren) participant(s)) hereby assume all risk of personal injury, sickness, death, damage, medical bills and expense as a result of participation in the activity described herein.

The undersigned further hereby agrees to hold harmless and indemnify Bethel Christian A/G, its directors, employees, agents and team leaders for any injury sustained by child-participant, including but not limited to expenses incurred attendant thereto.

I (we) are the parent(s) or legal guardian(s) of this participant, understanding the risks, nature of the activity and my responsibility as parent/legal and hereby grant our permission for him/her to participate fully in said event and hereby give our permission, in the event of an injury, to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it become necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we hereby assume all transportation costs.

Signature _____ Date: _____

Check One: Father ___ Mother ___ Legal Guardian ___ Other: _____

This form must be printed, signed, and provided on the day of the event.