

## 2017 Mission Camp Child Release Form

Name of Child Attendee: \_\_\_\_\_

Name of Parent/legal guardian: \_\_\_\_\_

1. My child agrees and I agree to direct my child, to cooperate and conform to the directions and instructions of the InterCP volunteers in charge of this camp. Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the InterCP representative permission to use their judgment in obtaining medical services, and I give permission to the medical facility and personnel selected by InterCP to render medical treatment deemed necessary and appropriate by them. Should such treatment become necessary, I agree that any medical and emergency expenses incurred shall be my responsibility and hereby release InterCP from such responsibility and obligation.
2. I give InterCP permission to photograph my child, to record voice, and/or to videotape, and I give InterCP permission to use this material for publicity in print and electronic media.
3. I understand that InterCP has a policy that it will not yield to demands from hostage takers. I release and discharge InterCP, its volunteers, and agents from liability for actions consistent with this policy.
4. In consideration for my child being allowed to attend the 2017 Mission Camp, I, hereby, release, waive and discharge any and all rights, demands, claims, for damages and causes of suits or actions, known or unknown, that I may have against InterCP, its representatives, its volunteers, agents, and other affiliated personnel including claims arising out of injury, accident, illness, or death occurring during or by reason at the Conference

I have read and understand the foregoing statements and agree to assume the responsibility stated and waive all claims.

\_\_\_\_\_  
Print Name of Child Attendee

\_\_\_\_\_  
Signature of parent / legal guardian

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work / Mobile Phone Number