

**Off-Camp Activity Release & Permission Form**

Revised 2/21/05

Name of Participant: \_\_\_\_\_

Name of Off-Camp Activity: \_\_\_\_\_

In consideration for being accepted by **Round Lake Christian Assembly** for participation in the above off-camp activity, the participant AND the participant's parent/legal guardian on behalf of myself and the participant (required if the participant is under 18 years old) do hereby assume all risk of, and release, forever discharge and agree to hold harmless **Round Lake Christian Assembly** and its Directors and Trustees from, any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by me or us that occur as a result of participation in the above described activity, including any associated transportation, food and lodging. I/we also agree to hold harmless, indemnify, and compensate **Round Lake Christian Assembly**, its Directors, Trustees, Employees and Agents, for any liability sustained by **Round Lake Christian Assembly** as the result of the negligent, willful or intentional acts of the participant.

A parent/guardian signing this document grants permission for participation in the activity, and gives permission to take said participant to a doctor or hospital and authorizes medical treatment, including but not limited to emergency surgery or medical treatment, all at my/our expense. I/we will be fully responsible for and pay the cost of the medical care. Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I/we will pay all transportation costs. I/we also incorporate into this document the contents of the health record and registration information on file with the camp and warrant that the information it contains is accurate. I/we have read the above and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the activity.

Father:	_____	Date:	_____
Mother:	_____	Date:	_____
Legal Guardian:	_____	Date:	_____
Participant:	_____	Date:	_____