

# The KidZone Summer Camps 2010

Please see reverse for camp descriptions, dates and costs

Child Last Name/ First Name	Age	Grade	Birthdate	Allergy	VBS	Basketball	Soccer
Sample Sarah	12	6	dd/mm/yy	bees	X		X

### New Hope Community Church Liability Waiver/Medical Release Form

In consideration for being accepted by NEW HOPE COMMUNITY CHURCH for participation in any TRIP OR ACTIVITY from January 1, 2010 through December 31, 2010, we (I) being 18 years of age or older, do for ourselves (myself) and for and on behalf of my child participant (if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless NEW HOPE COMMUNITY CHURCH and the directors thereof 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 the undersigned and the child participant that occur while said child is participating in the above described TRIP OR ACTIVITY>

Furthermore, we (I) on behalf of our (my) child participant (if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish necessary transportation, food and lodging for child participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of child participant, including expenses incurred attendant hereto. My signature below confirms I have read, understood and do agree to the above terms.

*Parent Signature*

*Print Parent Name*

*Best Phone # During Camp*

*Address*

*Physician's Name*

*Physician's Phone*

*Insurance Co Name*

*Policy Number*

*List medications being taken, please note, we do not dispense medications*