

Church Name: _____

CONSENT AND RELEASE FORM FOR POWER OF 2 YOUTH CAMP 2024

I, the undersigned parent or legal guardian, hereby consent to _____, herein referred to as my child, who is _____ years of age, participating in the activities connected with the trip to and from and the time at POWER OF 2 YOUTH CAMP at the Union Grove Camp in Cleveland, Georgia, an activity sponsored by Wahoo Baptist Church, inc. Murrayville, GA, White Oak Springs Baptist Church, Dallas, GA, Northeast Georgia Youth Camp, and Preachin Time Ministries during the months of June and July 2024.

I certify that my child is able to participate in these activities involved at **POWER OF 2 YOUTH CAMP**, including sports, swimming, and any other camp games (unless otherwise indicated). If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed in the camper's registration. If I cannot be reached within a reasonable period of time, I hereby authorize an adult representative of **POWER OF 2 YOUTH CAMP**, to make emergency medical decisions for my child. I give permission for camp staff to administer basic first aid and provide my child over-the-counter (OTC) medication (i.e. aspirin, ibuprofen, Benadryl, Pepto-Bismol, etc). If there are any activities I do not want my child to be involved in, I have specifically given them to the camp director or representative. I agree as an adult 18 years old or older, or if signing for a minor, that we will conduct ourselves in a Christian manner. All adults and minors participating in any way with Power of 2 Youth Camp agrees not to use alcohol, tobacco, vaping devices, or drugs of any kind at camp even if they are of age by law to do so. The only exception is prescriptions given by his/her physician. The camp nurse should be notified of any prescriptions at camp. I agree not to participate in or use anything considered that does not align with the Power of 2 Youth Camp. If something is in question I will consult with Bro. Duane or Bro. Mark. All campers will be assigned rooms based on their God given gender at the time of their birth.

POWER OF 2 YOUTH CAMP has my permission to use my or my child's photographs and videos publically to promote the camp. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

OFF-CAMPUS CLAUSE: I understand that camp activities scheduled for this camp may include activities away from the campus. These activities may include swimming, river tubing, skating, bowling, and other activities determined by the camp staff. This consent authorizes participation in these events and activities during, before and after camp weeks, unless I have indicated that my child (or myself if adult) may not participate in a specific activity.

TRANSPORTATION CLAUSE: This consent specifically authorizes camp-determined transportation to and from off-campus events and other requirements to be off-campus. This transportation may include buses, vans, and other vehicles provided by churches, volunteers, individuals, or rental/lease companies.

I understand and hereby agree to assume all of the risks which may be encountered on said activities, including activities preliminary and subsequent thereto.

I do hereby agree to hold **POWER OF 2 YOUTH CAMP**, Wahoo Baptist Church, inc. Murrayville, GA, White Oak Springs Baptist Church, Dallas, GA, Northeast Georgia Youth Camp, Preachin Time Ministries, Union Grove Campground, providers of camp activities, services and transportation, and their agents, employees, and representatives, harmless from any and all liability, action, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which my child now has or which may arise in the future in connection with the activity or participation in any other associated activities. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital. I further state that **I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.** This is a legally binding agreement which I have read and understand.

Medical conditions to be aware of/Physical Restrictions: _____

Instructions and medications: _____

I do not wish my child to participate in the following: _____

Telephone number(s) where I may be reached in an emergency: _____

Date: _____

Signature: _____