## VBS - 2025

## With First Baptist Fremont and Camp Moses Merrill

CHILD NAME:	M or F	Grade:	DOB:
CHILD NAME:	M or F	Grade:	DOB:
CHILD NAME:	M or F	Grade:	DOB:
ADDRESS:			
PARENT OR GAURDIAN:			
ADDRESS:			
DITONIE			
PHONE:		I PHONE:	
EMAIL:			
*EMERGENCY CONTACT:			
RELATIONSHIP:			
*EMERGENCY CONTACT:			
RELATIONSHIP:			
ARE THERE ANY HEALTH CONDITION YOUR CHILD?	ONS— PH	IYSICAL OR 1	MENTAL –THAT MAY AFFECT
ALLERGIES OR FOOD RESTRICTION	S		



## FIRST BAPTIST, FREMONT

## Vacation Bible School 2025

- I acknowledge that normal summer FBYouth/FBKids activities including but not limited to swimming, zip lining, volunteer work projects, hiking, and games of all types at First Baptist or Moses Merrill Camp & Conference Center may result in various types of injury including, but not limited to sickness, exposure to infectious/communicable disease, bodily injury, emotional injury, personal injury, property damage and financial damage
- In consideration for the opportunity to participate in summer camp and all activities, I, the parent / guardian of this minor child acknowledges and accepts the risk of injury associated with participation in summer camp and all activities. I accept personal financial responsibility for any injury or other loss sustained while at First Baptist or Moses Merrill Camp & Conference Center. Further, I, the parent/guardian release and promise to indemnify, defend, and hold harmless First Baptist or Moses Merrill Camp & Conference Center for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.
- If a dispute over this agreement or any claim for damages arises, the parent/guardian agrees to resolve the matter through mutually acceptable alternative dispute resolution process. If the participant and First Baptist or Moses Merrill Camp & Conference Center cannot agree upon a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.
- I give permission for the camp to administer medications as it deems necessary to my child. This includes medication sent with my child, or nonprescription medications available at camp.
- In case of an emergency I understand every effort will be made to contact me. In the event I cannot be reached, I here by give my permission to the physician selected by the camp to hospitalize and secure proper treatment (including emergency surgery) for my child.
- I give permission to First Baptist & Moses Merrill Camp & Conference Center to transport my child off camp property for planned activities. (Mission Camp Service Projects)
- I give permission for any photos taken during camp to be used for First Baptist or camp publicity. Pictures may be used in our social media promotion.

Parent Name:	
Parent Signature:	Date: