

Parent or Guardian Authorization: This is required for participation.

Authorization for Medical Treatment & Parent/Guardian Authorization

In the event the parent or guardian cannot be reached, I authorize and direct any adult Colorado District NYI representative or adult NYI employee or volunteer representing the Church of the Nazarene to make emergency medical decisions for my child. Therefore, I (initials of parent/guardian), _____, hereby authorize that emergency medical and/or surgical care may be provided for my son/daughter _____, at my expense.

I also hereby release and discharge the Colorado District NYI representative, Colorado District, General Board of the Church of the Nazarene, and its affiliates, along with any other chaperoning adult employees or volunteers of NYI, its agents, employees, officers, directors, affiliates, successors, assigns and all other, from any and all claims, demands, expenses, personal injury, wrongful death, causes of action, lawsuits, damages and liabilities of every kind and natures, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any activities associated in any way during Colorado NYI Teen Camp 2026. I have full knowledge as to such activities, and I have full knowledge of the probably risks involved. Except for those limitations named in this health form, I certify that my child is healthy and fit to participate in all such activities.

Further, I acknowledge that the Colorado District NYI, and/or its agents, will be taking photographs and/or videos of the Colorado NYI Teen Camp event and that _____ (student's name) may appear in those photographs and/or videos. I hereby give my permission to Colorado District NYI to utilize event media in all forms and in all manners for marketing, promotional, and future event development.

Signature _____ Date _____ Relationship _____

**** THE PARENT or GAURDIAN must also complete the online waiver required by Golden Bell Campground. This is REQUIRED. PLEASE complete the waiver NOW before returning this form to your youth leader. Scan the QR code below to complete. ****

I have completed the online waiver through Golden Bell _____ (Parent's Initials)



Conduct Agreement

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive while on camp property
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parent's expense.

I, the student, have read the rules of conduct and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____