OFF-CAMPUS PERMISSION FORM

I _____, the parent of _____ (my child) give permission for my child to attend the off-site activities at Hanging Rock State Park. I understand that personal injury can and may occur to my child, and I hereby authorize Living Water Christian Camp, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed. I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release Living Water Christian Camp, its employees, agents, and volunteers, from any all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of, or related to any loss, damage, or injury (including death) that may be sustained by my child while participating in or traveling to and from this event. I understand that my child received proper instruction and direction in participating in any and all activities on this off-site excursion and they my child is responsible to adhere, obey, and follow all instruction from camp authority and park authority.

I give permissions for my child to ride in any vehicle designated by Living Water Christian Camp, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility financially or otherwise, for any damage my child may do to the property of Living Water Christian Camp, properties visited on the outing, other's personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

_____ _____

(Parent signature) (Date)

(Emergency contact name and phone number for the day of the trip)