

PERMISSION FORM WAIVER

I, _____, the parent of _____ give permission for my child to travel with the staff and campers of the Teen Leadership Camp and participate in the activities at Hanging Rock State Park in Danbury, NC.

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 and 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.

To the best of my knowledge, the insurance information provided on the registration application for this camp is up to date.

I give permission 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 this 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 number and name the day of the trip