



Student Release

CAMP 1: JULY 6-9

CHURCH NAME: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Alternate Phone #: _____

Email: _____

Alternate Emergency Contact: (Will only be notified in the event the parent/guardian cannot be reached.)

Name: _____ Phone #: _____ Relation: _____

List the children in your household who have your permission to attend activities associated with Impact Next Gen, Camp Chautauqua, and its affiliates. Please obtain a copy of the insurance card associated with each child.

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade Last Completed: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc.

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade Last Completed: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc.

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade Last Completed: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc.

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade Last Completed: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc.

EVENT / MEDIA / MEDICAL RELEASE

I hereby give my permission for all the children listed to ride in any vehicle provided by Impact Next Gen, Camp Chautauqua, and its affiliates, to participate in any and all activities, and to go to Impact Events and all related functions. I grant permission and authority to Impact Next Gen, Camp Chautauqua, and its affiliates and representatives to photograph myself and/or my child(ren) and use, publish, and release for publications such photos. Photos taken may be used by Impact Next Gen, Camp Chautauqua, and its affiliates for publicity or other purposes without remuneration or other considerations. I further understand that in signing this permission slip, I release and hold harmless Impact Next Gen, Camp Chautauqua, its trustees, officers, employees, and any volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals to administer over-the-counter medications that are deemed necessary. I also authorize the staff or designated medical professionals to administer emergency medical assistance if I cannot be reached. It is understood that reasonable efforts will be made to contact me prior to obtaining such care, but I authorize such care whether I am contacted or not, and I agree to be financially responsible for such care. I understand photos may be posted on social media and/or used for promotional material, and I give Impact and its affiliates permission to use photos of my child for this purpose.

BAPTISM PERMISSION

I understand the purpose and beliefs of Impact Next Gen, Camp Chautauqua, and its affiliates. I also understand that unless otherwise noted, my child(ren) may be given an opportunity to follow the Lord in believer's baptism when he/she trusts Christ as his/her Savior. This will be completely voluntary, based on the student's faith and desire, without any outside pressure to do so. Understanding this, I give permission for my child(ren) to participate in the activities of Impact Next Gen, Camp Chautauqua, and its affiliates to attend camp, to be taught the Bible, and to be baptized when he/she accepts Christ as Savior.

HOLD HARMLESS

As the parent and/or legal guardian of the child(ren) listed on this form, I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds any person having authority to make decisions on behalf of my child(ren). I have read and fully understand and acknowledge the contents of this release. My signature below is confirmation that I agree that I am voluntarily waiving, releasing, indemnifying, and discharging Impact Next Gen, Camp Chautauqua, and its affiliates, trustees, officers, employees, and any volunteers from any and all liability, damages, and each and every action by participation in and/or associated with Impact Next Gen.

SHOULD ANY OF THE INFORMATION PROVIDED ON THIS FORM CHANGE, IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO REQUEST A NEW FORM, COMPLETE THE FORM IN ITS ENTIRETY, AND SUBMIT IT TO THE IMPACT OFFICE.

I HEREBY GRANT MY PERMISSION FOR THE REASONS ABOVE FOR A FULL YEAR AFTER THE SIGNED DATE.

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE (MM/DD/YYYY)

