Parental Consent and Release of Liability

Please Print and Provide All Information Requested

Important: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Please return this form with registration or the morning of Camp-a-Rama

To be filled out by church – Please print legibly

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Location of Event: \_\_\_\_June 8, 2024\_\_\_: Menchville Baptist Church, 248 Menchville Road, Newport News, VA 23602

I understand and agree that participation in Camp-a-Rama (“Event”) is a privilege. In consideration of that privilege, I am signing this Parental Consent and Release of Liability. Attendance and participation in the event hereby affirm the terms and conditions of this Release.

Consent to Attend Event

I hereby give permission for my child to attend and participate in the event.

Release of Liability

Prior to my child’s involvement in the Events activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation -related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illness and allergic reactions.

By signing this Parental Consent and Release of Liability, that that my child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my child’s involvement, whether such risks are known or unknown to me at this time. I further generally release the host church, EVA-Quiz-Games-N-Camp and its directors, event volunteers, and other participants at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Virginia.

Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this Event.

List any medical or food allergies of Participant (please write N/A if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Participant have any physical conditions (asthma, diabetes, etc.) and/or any necessary medications? Yes \_\_ No \_\_ If yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Media Release

I understand that at this Event or related activities, my Child may e photographed. I agree to allow such photos videos or film images to be freely used for any legitimate purpose by the host church and EVA-Quiz-Games-N-Camp and their assignees. I hereby authorize and consent to the editing, reproduction, exhibition and use of said photographic/video by EVA-Quiz-Games-N-Camp for promotional purposes in its publications, websites, social media and print media. If identification is made only first name of Child and church name will be used. Also, I understand that Event photos, video or other media may be posted on the host church’s web site provide no identifying information is given.

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate. If any portion of this Agreement is determined to be invalid or unenforceable under applicable law, the remainder of this Agreement shall remain valid. I expressly agree that this Release is intended to be as broad and inclusive as permitted by law and that this Release shall be governed by and interpreted in accordance with the laws of the State of Virginia, without regard to its conflict of law provisions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent or Guardian Signature Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name and Phone Number Emergency Contact: Name and Phone Number