

**First Baptist Church of Raymore MULTI-SPORTS CAMP
July 10-14, 2017**

AUTHORIZATION AND LIABILITY RELEASE FORM

Food/Insect/Drug Allergies: _____

Current Medications and when taken: _____

Medical Insurance Company: _____

Policy #: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

LIABILITY RELEASE

I hereby authorize the above named participant to attend the Multi Sports Camp at First Baptist Church. I/We fully recognize that such an undertaking involves an element of risk. I/We assume all risks and hazards incidental to such participation in the above named activity, and do hereby release, absolve, indemnify, and agree to hold harmless First Baptist Church of Raymore, Missouri, Sports Crusaders, its employees, officers, chaperones, leaders, organizers, sponsors and persons transporting participants to and from the activity. Neither First Baptist Church of Raymore, Missouri, nor any of said persons above shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

I have read this release, understand all its terms, and execute it voluntarily and with full knowledge of its significance. If, in the event of an emergency, I cannot be contacted, I hereby authorize that emergency treatment may be procured and/or administered.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date: _____

PHOTOGRAPHS

As parent/guardian of participant, I, the undersigned, allow image(s) of my child to be taken and used in promotion and publicity.

Signature of Parent/Guardian: _____

Date: _____