

LIABILITY / AUTHORIZATION FOR TREATMENT RELEASE:

I give my permission for this child whom I have custody of to attend and participate in activities at Abundant Life REAL KIDZ Camp 2019, July 25-28. **I agree that in the event that I cannot be reached in a medical emergency that the staff has permission to seek medical treatment from a licensed facility/physician under the provision of the Medical Practice Act. In the event of an emergency, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child, _____.**

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. I understand that the administration of non-prescription medications (Tylenol, antacids, etc) may be necessary during camp. I consent for my child to have these if needed.

For the protection of all campers, I understand that I am not to send my child to camp if he/she : 1) has lice or nits 2) has a temperature of 100.5 or above 3) has exhibited any influenza like illness in the past seven days.

I understand that my child will receive a lice check if necessary and if lice or nits are found my child will need to return home. There will be no refunds issued to students who return home. I understand the staff reserves the right to inspect the contents of all personal belongings at any time.

In case of dismissal due to voluntary withdrawal, medical issues or disciplinary actions there will be no refund of camp fees. I fully understand that failure to abide by camp policy may lead to the camper being sent home. I also hereby release Abundant Life, their agents, and volunteer workers from any and all liability for any injury, loss, or damage either to person or property that may take place during the course of the aforementioned child's involvement on their property.

I furthermore give my permission for any and all pictures, audio, or videos to be used in part or in whole in any and all future publications printed or recorded (audio or video) without prior notification or royalties.

By signing below I verify that I have read and understand the above statements.

This form must be notarized. Please sign IN THE PRESENCE OF A NOTARY!

Parent/Guardian Signature _____

Date _____

Notary Public Signature and Stamp: _____