



## PARENTAL RELEASE FORM

I, the undersigned, as parent/legal guardian for my son/daughter, hereby give permission for said son/daughter to participate in all activities of the St. John the Wonderworker Family Camp. I agree to hold St. John the Wonderworker Serbian Orthodox Church and its volunteers, directors, officers, agents, and employees harmless from any claims, damages, losses, and/or expenses arising out of participation in camp activities and to assume all liability for any and all personal injury, bodily injury, illness, or property damage that occurs as a result of participation in the Camp. Signature of this agreement also warrants that participation in the Camp is voluntary and that the undersigned understands that there are inherent risks in the Camp's activities.

It is my understanding that, in the event that my child, a minor, becomes ill or sustains an injury while at the Camp, an attempt will be made to contact me immediately. If the undersigned is not available for consultation, and/or in the event of an emergency requiring immediate medical attention, I authorize the Camp volunteers or SKY Camp staff to obtain any required medical treatment deemed necessary for the child.

I understand that the above mentioned entities do not provide medical insurance coverage for my child and that any medical expenses incurred will be paid for in full either by my personal medical insurance or me.

Child's name(s): \_\_\_\_\_

Parent name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Parent #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_