

# **Sports Camp Permission & Medical Release Form**

## **First Baptist Church, Kannapolis & UW Sports Ministry**

### **Medical & Liability Release**

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will ensure safety and enjoyable time while participating in this activity. By signing this form, you, as a parent, guardian, or other responsible party, agree to assume the risks and hazards which are inherent in this kind of activity. You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss, or injuries to the child for whom you sign.

I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organization for their use in promotional materials.

I give my child permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

Participant Name: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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