

Camper's Name _____

Date: _____

In spite of everything we can do to make the activity safe and to get special training for the instructors in some activities, and to train all staff to be safety conscious, accidents can happen. Therefore, if you choose not to have your child involved in one or more of these activities, we will be sure he or she is not involved.

Please Circle "Yes" or "No" for Activities and Sign in the Spaces Below

Understanding something of the risk involved in these activities, and understanding the steps taken by the camp to assure the safety of my child at all times and particularly in these activities, I choose, as follows, concerning my child and each of the following activities. **My marking "yes" does not mean camper must or will choose the activity. Simply that they have my permission to participate.**

Circle One

SWIMMING	yes	no
MINIBIKES/GO-KART	yes	no
ARCHERY	yes	no
RIFLERY (BB RIFLES)	yes	no
CANOEING*	yes	no

*ages 12 and up only

_____/_____
Signature of Parent/Guardian / Date

Should something happen and my child is injured in one of the above activities or at any time or in any way while at Grace Bible Camp, I understand that any expenses for medical treatment including the emergency room, hospitals, doctors, etc., are primarily my responsibility, and that even if I choose not to have medical insurance for my family, these expenses are still primarily mine as parent or guardian.

_____/_____
Signature of Parent/Guardian / Date

I give permission for photos and/or videos of my child to be used in camp promotions.

_____/_____
Signature of Parent/Guardian / Date