

Ascend Camp  
Waiver and Release of Liability Form

**Participant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Medical Treatment:**

I, the under-signed, acknowledge that Ascend Camp does not provide medical diagnosis and treatment to persons on camp premises who may need medical care. Basic first aid may be provided by a designated health staff person selected by Mission Road Bible Church and Ascend Camp. In the event of an injury or illness should it become necessary for the above-named participant to receive professional medical, surgical or dental treatment, I give permission to Ascend Camp or the designated health staff person to secure such treatment. In the event that a parent cannot be reached, I authorize camp personnel to give any necessary third-party consent, in loco parentis, for a licensed Physician or Dentist to administer emergency treatment. This permission also includes transportation to and from necessary healthcare facilities. I understand that Mission Road Bible Church is not legally responsible to cover those medical and or dental expenses, either directly or through insurance. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's private insurance. I understand that my personal insurance is my primary coverage.

**Medication:**

I understand that all medication (both prescription or over the counter) brought to camp by the participant will need to include written permission from parent or guardian with directions for its dispensing. I understand that all medications brought to camp must be turned in to staff and will be dispensed and returned at the end of camp. Participants will not be allowed to keep medications in their rooms. Medication should be kept in its original container and labeled and marked with the participant's name and dosage instructions.

Basic over the counter medications listed below will be available and dispensed at the discretion of the health staff. My signature on this release form gives my authorization to dispense those medications to my child, the participant named above, at camp when necessary, unless specified below.

- Acetaminophen (Tylenol)
- Ibuprofen
- Antihistamine Diphenhydramine (Benadryl)
- Antacid Tablets like Tums or Rolaids
- Sunscreen, topical ointments for treatments of bites, cuts, or scrapes

[Please list any medications you prefer your child does not receive from the above list:]

\_\_\_\_\_  
\_\_\_\_\_

**Activities:**

I hereby authorize the participation of the above-named participant in activities of Mission Road Bible Church at Ascend Summer Camp. In consideration of Mission Road Bible Church providing these activities, I, on behalf of myself and other parents and guardians of the minor, do hereby release Mission Road Bible Church, its officers, directors, employees, agents, and members of the Board of Elders from all claims and causes of action by reason of any injury which may be sustained as a result of these activities, whether on the camp premises or on the way to or from these activities. I agree to direct the participant to cooperate and to conform with directions and instructions of personnel of the organization in charge of these activities. Should the above-named participant not cooperate in the judgment of the Camp Director, I agree that I will come to the Camp (or make other transportation arrangements) at my expense and remove my child from the further camp activities as soon as possible after being called by a staff representative for that purpose. I understand and agree to leadership having access to my child's room and personal affects when reasonably necessary, in the judgment of staff.

This authorization shall remain effective until revoked in writing delivered to Mission Road Bible Church.

**Parent/Guardian/Own (if over 18) Name:** \_\_\_\_\_

**Parent/Guardian/Own (if over 18) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_