

STILL WATERS CHRISTIAN YOUTH CAMP  
A MINISTRY OF VOICE OF GOD RECORDINGS

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**RELEASE OF LIABILITY, WAIVER,  
INDEMNIFICATION, & CONSENT**

*(Signature is required for camp attendance.)*

I hereby authorize Still Waters Youth Camp (“SWYC”) to take me/my child to a medical doctor for examination and treatment of any accident or illness that may arise during this camp session. In addition, I authorize SWYC to administer any required over-the-counter medications and/or prescriptions medications required for myself/my child. I understand that in the event of a medical emergency, every effort will be made to contact the emergency contact person/parent or guardian listed. In the event I am unconscious and cannot give consent for myself/I cannot be reached to give consent for my child, I hereby authorize any physician, nurse, emergency medical service, medical authority and/or hospital to administer proper treatment for me/my child. In consideration of this acceptance for this camp session, I release SWYC (i.e. their officers, agents, employees, trustees, and volunteers) from any and all liability for and waive any and all claims for accident and injury to myself/my child arising from any and all camp activities. I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) SWYC and its directors, officers, employees, agents, volunteers, successors, and assigns, from all claims for any liability, injury, loss, damage, or expense in anyway connected with or arising out of my/my child’s participation in this event.

I have completed the Medical History form noting all known allergies and/or health problems, medications, and any other information pertinent to my health/my child’s health. I further authorize the release of the medical information contained on the Medical History to appropriate medical personnel and/or the health coverage insurance company and agree to advise SWYC of any changes to my/my child’s health information (medications, diagnoses etc.) prior to this event. I understand that my medical information will only be shared with appropriate personnel.

I understand and confirm that participation in this event is voluntary. I understand that accident insurance is not included in camp fees and that I am responsible for my/my child’s medical treatments, prescriptions, or hospital care during the camp session. This is a Release of Liability, Waiver, Indemnification, and Consent, and I have read, understand, and signed this document willingly. In exchange for me/my child being allowed to participate in the SWYC event, I verify that I understand and agree to accept all provisions of the Release of Liability, Waiver, Indemnification, and Consent.

Camper’s Printed Name \_\_\_\_\_ Camper’s YF ID \_\_\_\_\_ Date \_\_\_\_\_

Camper’s Signature (if over 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

Parent’s or Guardian’s Signature (if camper is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

Registered for Camp# \_\_\_\_\_

*If you are the legal guardian, you must show proof of guardianship.*