Authorization/Consent Form – Summer 2022 Holston Conference Camping

Camper Name _____

	First	Middle	Last		
Participation A	uthorization				
Authorization – N	Must be signed.				
certain inherent risks. I discharge Holston Confe	n consideration for be erence Camp and Retreation from any and all liability	ing permitted to participate in this event at Ministries, Inc., including affiliated ca	d am aware that the activities associated with this event entail int, I agree to assume all such risks and hereby release and mps, officers, sponsors, trustees, employees, agents and other death of every kind and nature whatsoever which in any way		
The camper herein desc	ribed has permission to	engage in all camp activities except as	noted.		
I give permission for my	child to be transported	I in a private vehicle if necessary. Yes N	0		
I give permission for ph	otographs taken of me/	or my child to be used for camp publici	ty, printed or electronic. Yes No		
Signature of pare	ent/guardian:				
			Date:		
Emergency Con	tacts				
Name:		Phone Num	ber:		
Name:		Phone Num	ber:		
	-	m Camp During Session period of time during the camp s	session? Yes No		
Day and time of o	departure:	Day and tin	ne of return:		
Signed out by:			Date/Time:		
Signed in by:			Date/Time:		
Person(s) (including	g yourself) authoriz	m Camp at End of Sessior red to pick up camper from cam			
Nam-	e 		Relation to Camper		
Camper checked	out to (signature)	:	Date:		

A photo ID is REQUIRED of the authorized person who signs the camper out of camp.