

Authorization/Consent Form – Summer 2024

Holston Conference Camping

Camper Name _____
First Middle Last

Participation Authorization for Camp Dickenson Summer Camp session (Must be signed)

In signing this authorization, I acknowledge that I have read the event description and am aware that the activities associated with this event entail certain inherent risks. In consideration for being permitted to participate in this event, I agree to assume all such risks and hereby release and discharge Holston Conference Camp and Retreat Ministries, Inc., including affiliated camps, officers, sponsors, trustees, employees, agents and other aids and/or volunteers from any and all liability for any and all damage, loss, injury, or death of every kind and nature whatsoever which in any way arises out of participation in this event.

The camper herein described has permission to engage in all camp activities except as noted:

I give permission for my child to be transported in a private vehicle if necessary.

I give permission for photographs taken of me/or my child to be used for camp publicity, printed or electronic.

Signature of parent/guardian: _____

Date: _____

Emergency Contacts

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Instructions for Departure from Camp During Session

Will the camper be leaving camp for any period of time during the camp session? Yes No

Day and time of departure: _____ Day and time of return: _____

Signed out by: _____ Date/Time: _____

Signed in by: _____ Date/Time: _____

Instructions for Departure from Camp at End of Session

Person(s) (including yourself) authorized to pick up camper from camp:

Name

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.