Authorization/Consent Form – Summer 2022 Holston Conference Camping

Camper Name			
First	Middle	Last	
Participation Authorization			
Authorization – Must be signed.			
certain inherent risks. In consideration for being discharge Holston Conference Camp and Retreat M	permitted to participate in this ev inistries, Inc., including affiliated ca	d am aware that the activities associated with this event entail ent, I agree to assume all such risks and hereby release and mps, officers, sponsors, trustees, employees, agents and other r death of every kind and nature whatsoever which in any way	
The camper herein described has permission to eng	gage in all camp activities except as	noted.	
I give permission for my child to be transported in	a private vehicle if necessary.	Yes No	
I give permission for photographs taken of me/or n	ny child to be used for camp public	ity, printed or electronic. Yes No	
Signature of parent/guardian:			
	Date:		
Emergency Contacts			
Name:	Phone Number:		
Name:	Phone Number:		
Instructions for Departure from Will camper be leaving camp for any peri		session? Yes No	
Day and time of departure:	Day and t	ime of return:	
Signed out by:		Date/Time:	
Signed in by:		Date/Time:	
Instructions for Departure from (Person(s) (including yourself) authorized Name	-		
Camper checked out to (signature):		Date:	

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