Authorization/Consent Form – Summer 2023 Holston Conference Camping

Camper Name		
First	Middle	Last
Participation Authorization		
Authorization — Must be signed.		
associated with this event entail certain i I agree to assume all such risks and herel including affiliated camps, officers, spon	nherent risks. In considera by release and discharge Ho sors, trustees, employees,	event description and am aware that the activitation for being permitted to participate in this events of the conference Camp and Retreat Ministries, It agents and other aids and/or volunteers from every kind and nature whatsoever which in any very kind and nature what which were what which in any very kind and nature what we want which were what which were what which were what which were warded which were what which were which which were which
The camper herein described has permission	to engage in all camp activitie	es except as noted.
I give permission for my child to be transport	ed in a private vehicle if neces	ssary. Yes No
I give permission for photographs taken of m	e/or my child to be used for ca	amp publicity, printed or electronic. Yes No
Signature of parent/guardian:		Date:
Emergency Contacts		
Name:	Phone Number	r:
Name <u>:</u>	Phone Number	r:
Instructions for Departure from	Camp During Session	
Will camper be leaving camp for any peri	od of time during the camp	o 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	on
Person(s) (including yourself) authorized Name	to pick up camper from ca	mp: Relation to Camper
Camper checked out to (signatu	ıre):	_ Date:

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