Authorization/Consent Form – Summer 2023 Holston Conference Camping

Camper Name		
First	Middle	Last
Participation Authorization		
Authorization - Must be signed.		
ertain inherent risks. In consideration for being p lischarge Holston Conference Camp and Retreat Min	ermitted to participate in this e istries, Inc., including affiliated	and am aware that the activities associated with this event event, I agree to assume all such risks and hereby releas camps, officers, sponsors, trustees, employees, agents and or death of every kind and nature whatsoever which in ar
he camper herein described has permission to enga	ge in all camp activities except	as noted.
give permission for my child to be transported in a	private vehicle if necessary.	Yes No
give permission for photographs taken of me/or my	child to be used for camp publ	icity, printed or electronic. Yes No
Signature of parent/guardian:		
	Date:	
Emergency Contacts		
Name:	Phone Number:	
Name:	Phone Number:	
·	d of time during the cam	time of return:
Signed out by:		
Signed in by:		Date/Time:
Instructions for Departure from C Person(s) (including yourself) authorized to Name	•	
Camper checked out to (signature):		Date:

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