2026 Faith Lutheran Church Day Camp

CONSENT & RELEASE FORM

Participant Name
(please print) _____

1. MEDICAL AUTHORIZATION

The health information provided is correct and complete. I give permission for the participant to engage in all activities except as noted. I authorize Day Camp staff to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays, routine tests, and necessary transportation. If I cannot be reached in an emergency, I authorize Faith Lutheran Church or its designated agents to select a licensed physician or medical facility to secure and administer treatment, including anesthesia, surgery, and hospitalization. I authorize the release of any records necessary for medical treatment, referral, billing, or insurance purposes.

Parent/Guardian/Adult Helper Initials: _____

2. PHOTO/MEDIA RELEASE

I grant Faith Lutheran Church permission to take and use photographs/video of me/my child for internal use, future reporting, the website, and promotional materials. **Full names will not be used in conjunction with pictures published online.**

Parent/Guardian/Adult Helper Initials: _____

1115 Combie Rd. Meadow Vista, CA 95722
office@faithmv.net 530-878-1870

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3. ACKNOWLEDGMENT AND ASSUMPTION OF RISK

Faith Lutheran Church has worked hard to provide the proper equipment, trained facilitators, and the necessary basic skills for a successful program; however, these activities are not without risk. Certain risks cannot be eliminated without destroying the unique character of the program. Activities include games, physical challenges, and other outdoor activities—such as water-play and sun exposure—as well as the use of and proximity to supplies like hot glue, scissors, and tie-dye.

I UNDERSTAND THAT THESE ACTIVITIES HAVE INHERENT RISKS THAT CANNOT BE ELIMINATED, INCLUDING PROPERTY DAMAGE, ACCIDENTAL INJURY, ILLNESS, PERMANENT INJURY, OR DEATH. I ACCEPT FULL RESPONSIBILITY FOR ALL RISKS, BOTH IDENTIFIED AND UNIDENTIFIED, AND VOLUNTARILY ASSUME THEM ON BEHALF OF THE PARTICIPANT.

Parent/Guardian/Adult Helper Initials: _____

4. LIABILITY RELEASE

In consideration for participating in Day Camp from June 15–19, 2026, I release Faith Lutheran Church from liability for injuries or damages caused by ordinary negligence. This release does not apply to gross negligence or willful misconduct. This agreement applies strictly to this specific week of camp. If any part is held invalid, the remainder continues in full force.

Parent/Guardian/Adult Helper Initials: _____

Parent/Guardian/Adult Helper Name (please print):

_____

Parent/Guardian/Adult Helper Signature:

_____ Date: _____

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