

SUMMER DAY CAMP

August 13 through 16, 2018



Permission Form & Photography Wavier

I *(parent's name)* _____, the parent of *(children's names)* _____
give permission for my child to attend St. Paul's Summer Camp August 13 through 16, 2018.

I understand that personal injury can and may occur to my child, and I hereby authorize Debbie Santucci, Children's Ministry Leader, or Reverend Philip Major or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release St. Paul's Church, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by my child while participating in or traveling to and from this event.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

I give permission for my child to ride in any vehicle designated by St. Paul's Church, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of St. Paul's Church, properties visited on any outing, other's personal property, or vehicles used for transportation.

I give permission and consent for my child to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by St. Paul's and its agents.

I agree and consent to all of the above stated.

(Parent Signature)

(Date)

(Emergency Contact Name and Phone Number for the Day of the Trip)