

The digital application submitted has my approval. It is agreed that camp fees will be paid in advance and will not be refunded in case a person leaves camp for any reason other than sickness or an emergency. It is agreed that there will be no discrimination of service to any camper because of race or national origin; however, the camp director may reject and application because for the past conduct of a camper or may dismiss a camper for violation of the camp rules. It is agreed that the camp assumes no responsibility for the camper's personal property. Further, it is agreed that the camp assumes no responsibility for the cost of medical administration in the case of illness and is released from liability in connection with accidental injury. I authorize camp staff to consent to emergency medical treatment of behalf of my child. In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I give permission for the physician selected by the adult leader in charge to hospitalize and/or secure proper treatment for my child. This health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by me. I understand that images and audio/video recordings are periodically taken of camp participants and that theses images and recordings may be used in a variety of publications and websites for promotional and other purposes. I do hereby fully release and forever discharge Beaver Creek Bible Camp, Spencer church of Christ, their officers, directors, employees, agents, subsidiaries and any affiliates from any and all claims for injuries damages, loss, or any cause of action that my minor child/ward or I may have which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

Signature of Parent/Guardian: _____

Relationship: _____

Date: _____