



Participant Agreement & Liability Release

Participant's Name _____

Parent's Name(s) _____

Address _____

City, State, Zip _____

Home Phone (____) _____ Date of Birth _____

I give my permission to Appalachian Christian Camp for medical treatment to be administered to my child in such case as deemed necessary by a trained medical professional. I give my child permission to participate in all recreation activities, and I accept and assume all risks associated with recreation activities, including but not limited to swimming, climbing on the indoor rock climbing wall, and participating in ropes course activities. I hereby release Appalachian Christian Camp of all liability from injuries that might occur during these and all other activities. I understand that Appalachian Christian Camp provides secondary insurance for any injuries that occur during camp activities. I release all photos, videos and audiotapes of my child to Appalachian Christian Camp for promotional purposes. I certify the information on this form to be true.

(Signature of Parent/Guardian)

(Date)