

## VALLEY BIBLE CHURCH MEDICAL AND LIABILITY RELEASE

Please read and sign, then save and email this form as an attachment to: [mvines@valleybible.org](mailto:mvines@valleybible.org)

By filling out this waiver I agree to adhere to the Camp rules and Leader instruction. I assume responsibility for my actions as a Camper at Elevate Camp. While I understand Valley Bible Church and its staff will work to minimize any injury and provide a safe student environment, I assume there is risk in travel and participation of camp events.

In consideration to the highly contagious novel coronavirus, COVID-19, I agree to self-monitor before attending camp. I will agree to self-isolate should I develop any symptoms and/or come in contact with a Covid-19 positive person. While I understand Valley Bible Church and its staff will work to minimize any Covid exposure including providing face masks, sanitizer, encouraging distance between students, I assume there is a risk of infection by participating.

### **Informed Consent and Acknowledgement**

I hereby give my approval for me/my child's participation Summer Camp and travel hosted by Valley Bible Church and Elevate Camp. I assume all risk and hazards incidental to the conduct of the activities, and release, hold harmless Valley Bible Church and all its respective coaches, staff, and volunteers from any and all liability for injuries to said player arising out of participating in Summer Camp and its activities.

There is a risk of being injured that is inherent in all sports activities and travel to camp. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or even death.

In case of injury to said student I hereby waive all claims against Valley Bible Church including all coaches, all participants, staff, and volunteers.

Furthermore, all images and videos of VBC Youth events are the property of Valley Bible Church and can be used for any promotional consideration.

I hereby state that I have carefully read the above waiver. Acceptance and understanding of this agreement are hereby acknowledged.

I certify that I am the parent and/or legal guardian of the above-named student OR am the above-named student and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.

---

Signature of Parent/Legal Guardian/Student at least 18 years old

---

Date

---

Signature of Parent/Legal Guardian

---

Date

# VALLEY BIBLE CHURCH MEDICAL AND LIABILITY RELEASE

Please fill in highlighted fields, then save and email this form as an attachment to: [cmartinez@valleybible.org](mailto:cmartinez@valleybible.org)

Name of Event  Date(s) of Event

---

First and Last Name  Date of Birth   Male  
 Female

Address  City, State  Zip

Home Phone  Cell Phone

In case of emergency, notify  Phone

Family doctor  Phone

## HEALTH HISTORY (Check all that apply:)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Drug Allergies          | <input type="checkbox"/> Insect Stings   | <input type="checkbox"/> Seizure Disorder          | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Food Allergies          | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Stomach Problems  |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Behavior/Nervous Disorder | <input type="checkbox"/> Other             |

If any of the above are checked, please give details (include normal treatment of allergic reactions):

Date of last tetanus shot

Name, dosage, and frequency of any medications that must be taken regularly, or as needed:

Please list activity restrictions, if any:

If your child should require medical attention for injuries received or illness contracted prior to this event, give instructions here:

Do you have health insurance?  Insurance Company

Insurance Company Address  Policy Number

## MEDICAL RELEASE:

In the event that I cannot be reached in an emergency during the event date(s) shown on this form, I hereby give my permission to the physician or dentist selected by Valley Bible Church to hospitalize, to secure proper treatment and/or an injection, anesthesia, or surgery for my child as deemed necessary.

Parent/Guardian Permission (enter your initials)  Parent/Guardian Name

Relationship to child  Spouse's Name (if applicable)  Date