



Name of Child/children (list all participants)

Parents and/or Legal Guardian

Functions and Activities:

It is my understanding that participating in all Moose Lake Pentecostal Camp, Kids Day Camp 2020 activities is a privilege. Prior to my child's participation in such activities, I acknowledge that there are certain risks associated with the activities including, by way of example, physical injury due to activity related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I understand that although we will take all precautions to prevent Covid 19 being spread through our grounds and activities, there is a risk of exposure.

These activities include but are not limited to:

- Boating and Tubing
- Swimming in the lake
- Paddle boarding and kayaking
- Survival Activities & Campfires
- Games & Sports related activities

Release of Liability:

By signing this Permission/Waiver Form, I expressly warrant that the child/children named above is/are capable of withstanding the physical demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Moose Lake Pentecostal Camp and its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless Moose Lake Pentecostal Camp and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where the child named above may be in need of first aid or medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Moose Lake Pentecostal Camp, Kids Day Camp 2020 to seek and secure any medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physicians(s) and other medical personnel to administer any needed medical treatment, including surgery.

Parent/ Guardian Authorization:

I represent that I am the parent/guardian of the child/children listed above. I have read the above Permission/Waiver Form of Moose Lake Pentecostal Camp. In consideration for allowing the participation of the child in the activities of Moose Lake Pentecostal Camp, Kids Day Camp 2020, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child/children, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. I also understand that it is my responsibility to see that the information on this form is updated when there are any changes in my child's medical status, etc.

Name of Parent / Legal Guardian (printed): _____

Signature of Parent / Legal Guardian: _____

Date Signed: _____