

LAKESIDE Youth Camp Release Forms

Consent and Liability Waiver

I have considered Lakeside's Youth Camp and the potential risks involved and I give my consent for (child's name) _____ to participate in this program.

I am aware that Lakeside Advent Christian Campground's insurance does not cover loss or damage of any personal belongings. The person enrolling at Lakeside, and his/her parent(s) or legal guardian(s), assume all risk of personal property damage, or loss and agree to hold Lakeside, their owners, board members, members and employees harmless and specifically agree not to make any claim against Lakeside Advent Christian Campground for any of these losses.

I am aware that Lakeside Advent Christian Campground's insurance does not cover any accidents resulting in injury. The person enrolling at Lakeside, and his/her parent(s) or legal guardian(s), assume all risk of injury to the person, including injuries resulting in death caused by or incidental to dangers associated with appropriately supervised and operated activities at Lakeside and I agree that there are certain inherent dangers related to activity participation and therefore agree to hold Lakeside, their owners, board members, members and employees harmless and specifically agree not to make any claim against Lakeside Advent Christian Campground for any of these injuries, which would normally be considered to be a normal risk associated with participation.

I am aware that should the director of camp, Lakeside's Board or the medical staff deem it necessary, for any reason to end camp, or dismiss my child, I will make prompt arrangements to retrieve them.

Parent's or Guardian's Signature

Date

Medical Release

Medical Coverage: We have a nurse/nurse practitioner on the grounds; if the participant is not feeling well or is injured, the nurse/nurse practitioner will give immediate medical assistance. If the injury requires further attention, we will take the participant to Maine General Medical Center at which time we will contact the parent(s) or legal guardian(s).

THE PARENT(S) OR LEGAL GUARDIAN(S) IS/ARE RESPONSIBLE FOR ALL HOSPITAL, PRESCRIPTION, LABORATORY AND DOCTOR FEES.

In case of medical emergency, I understand that every attempt will be made to contact the parents or guardians. If they cannot be reached, I hereby give permission to the nurse/nurse practitioner selected by the campground to hospitalize and secure medical treatment for my child.

Parent's or Guardian's Signature

Date

Photo Release

I grant to Lakeside Advent Christian Campground, the right to take photographs of me and my family in connection with their youth camps. I authorize them, to use and publish the same in print and/or electronically.

I agree that said organization/group may use such photographs of me or my family with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent's or Guardian's Signature

Date