

# Grove Christian Camp Release Form

## To Whom It May Concern

The undersigned does hereby give permission for me or our/my child named to attend and participate in all activities sponsored by the Grove Christian Service Camp and hereby agree to hold harmless the camp, its staff and program leaders, and associated churches in the event of injury or accident.

We/I authorize an adult, in whose care the camper has been entrusted, to consent to an X-ray examination, anesthetic, medical, surgical, dental diagnosis, ambulance ride or treatment and hospital care, to be rendered to the camper under the general or special supervision of The Medical Practice Act, or on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital.

The undersigned shall be liable and agrees to pay all cost and expenses incurred in the connection with such medical and dental services rendered to the aforementioned minor pursuant to the authorization.

The undersigned does also hereby give permission for me or our/my child to be photographed while at camp and may/will be used in camp publicity material.

If it be necessary for me or our/my child return home from camp due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for me or our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in or traveling to and from events.

***Please provide any additional comments or concerns on another piece of paper and mail with registration form.***

**Camper's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Grove Christian Camp  
37028 Shoreview Dr Dorena, Or 97434  
Phone 541-946-1662

[grovecamp@grovechristiancamp.org](mailto:grovecamp@grovechristiancamp.org) [www.grovechristiancamp.org](http://www.grovechristiancamp.org)