

Apostolic Christian Church
Midwest Camp
Huntington College, Huntington, Indiana

Liability Release Form

This form must be completed for all campers under 18 attending Midwest Camp without a parent present.

Be known by all men that I, _____
(Name of Parents)
of _____,
(Home Address)

in consideration of, and as part payment for, the right to participate in Midwest Camp, do hereby fully assume all risk of illness, injury, property damage, or death, and hereby release and discharge The Apostolic Christian Church and its agents and associates from all actions, claims, or demands for damages resulting from my child's participation in the camp.

This release of liability shall be binding upon me personally, as well as upon my heirs, executors, and all members of my family.

I have carefully read this agreement and understand its contents fully. I furthermore agree to all conditions set forth in the preceding paragraphs. I also acknowledge that I have carefully read the Registration Form, especially noting the Teen Guidelines.

(Parent's Signature)

(Date)

(Parent's Signature)

(Date)

(Guardian's Signature)

(Date)

Name of Camper:

(See other side)

Apostolic Christian Church
Midwest Camp
Huntington College, Huntington, Indiana

Medical Release Form

This form must be completed for all campers under 18 attending Midwest Camp without a parent present.

Name of Camper _____ Age _____

Information to be completed by parent:

Name of Parent _____

Home Address _____

Telephone Numbers: Home _____ Business _____

Name of Guardian _____

(This name is required before application can be accepted)

Please check if camper has had any of the following:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Measles (red) | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Measles (German) | <input type="checkbox"/> Severe Stomach Aches | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Epilepsy or fainting | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Ear Trouble |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Toothaches | <input type="checkbox"/> |

Any other medical conditions: _____

To the best of my knowledge, my child is in good health. I will notify the Camp Registrar if my child is exposed to an infectious disease during the three weeks prior to arriving at camp. In the case of a medical emergency, I understand every effort will be made to contact me or the designated guardian. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Staff to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above.

(Parent's Signature)

(Date)

(THIS IS NOT A FUNCTION OF HUNTINGTON COLLEGE)