

Family Participants' Release InterVarsity Toah Nipi, 603-899-5464; 252 Old Ashburnham Rd, Rindge NH 03461

Summer Camp: **CAMP CONSTITUTION** from **July 2 – July 9, 2017** Rev. G 3/14/01; customized 12/2014

Adult Name(s) & Birth Date(s): _____

1. In consideration for being accepted and allowed to participate in this EVENT and activities associated with its program and location, I (we) personally assume responsibility for my/our actions and those of the other persons named below. I AGREE TO ABIDE BY THE RULES OF THIS FACILITY & EVENT, and release the Guest Group and InterVarsity Christian Fellowship/USA® (hereafter InterVarsity), its Trustees, employees, and agents from loss, injury or damage to ourselves or our property; provided that nothing contained herein shall excuse the Guest Group and InterVarsity, its Trustees, employees or agents from responsibility to act with reasonable care for the safety of ourselves or our property.
2. I give permission to the Guest Group and InterVarsity to be photographed, recorded, and/or video taped and to allow this material to be used for publicity.
3. I give permission to the Guest Group and InterVarsity to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge InterVarsity, its trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.
4. I understand that InterVarsity's hostage policy states that InterVarsity shall not yield to demands, including payment of ransom or other extortion, issued through use of hostage taking or extortion.
5. I am / we are parents/guardians of (or have parental permission for) and am/are responsible for the following participants:

Print **Names** Including Attending Parent(s) + **Birth Dates** + **Food Requirements, Allergies** or **Medical Conditions** and **Medicines Being Taken** (If None, check box(es) as appropriate:

_____ None []

_____ None []

_____ None []

_____ None []

_____ None []

_____ None []

[Use back of form if more space is needed.]

6. Should any dispute or controversy arise, I agree to seek resolution according to the Rules of Procedure of the **Institute for Christian Conciliation, 1537 Avenue D, Suite 352, Billings, MT 59102.**

7. I certify that I am competent to sign this Release, and have done so voluntarily.

Signature of Parent/Guardian // Signature of Other Parent/Guardian Date Signed

Print Name, Address, & zip-code

**SEND (w/Apps. and Payment) TO: Mr. Charles Everett, Camp Administrator,
5945 Quail Hollow Rd. Unit D, Charlotte, NC 28210**