CONSENT AND RELEASE FORM

I the undersigned parent or guardian hereby consent to my child, _____, participating in **Addyston Baptist Church Junior Camp** and to be held at **Higher Ground Conference and Retreat Center in West Harrison, IN**. I certify that my child is able to participate in all the activities related to this event. My child is also permitted to ride the Addyston Baptist Church vans to and from the event. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. In the event of an emergency, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize **David Pitman** to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold the Addyston Baptist Church, and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

_____ _____

Parent or Guardian Date

MEDICAL CONDITIONS TO BE AWARE OF:

_____

_____

TELEPHONE NUMBERS WHERE I MAY BE REACHED IN AN EMERGENCY

_____

_____

I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:

_____

_____