

Camp Hammer Release/Consent Form

Student's Information:

Name: _____ Birthday: _____ Sex: M F
Address: _____ City: _____ Zip: _____
Home Phone: _____ E-mail Address: _____

Emergency Information:

Father / Guardian: _____ Mother / Guardian: _____

Father's Day Phone: _____ Mother's Day Phone: _____

Father's Evening Phone: _____ Mother's Evening Phone: _____

In case of medical emergency: I understand that every effort will be made to contact the student's responsible parent / guardian. In the event that contact cannot be made, I hereby give permission to a camp director and the physician he / she selects to secure proper treatment, including: hospitalization, ordering injections, giving anesthesia, or performing operations as may be urgently necessary for this student. In the event of a claim, family insurance (if any) will be liable.

Parent / Guardian signature: _____

Health Insurance Co: _____ Policy #: _____

I hereby give my permission for the aforementioned student to attend Camp Hammer for a Future Life Retreat. I will not hold Camp Hammer, Twin Lakes Church, Inc., or its agents liable for injury caused by common accidents, illness, or the rendering of emergency care. I give permission for the child to be transported away from Camp Hammer if necessary. I give Camp Hammer permission to use audio, video, and photography of this registering camper for the purposes of Camp Hammer sales and promotions without compensation or approval rights; i.e. brochure mailings, highlight promotional videos, and photos for our website.