

RELEASE OF LIABILITY/INSURANCE FORM

I HEREBY RELEASE “EAGLE’S NEST MINISTRIES”/ “DWELLING PLACE CHRISTIAN FELLOWSHIP”, ANY EMPLOYEE, OR ANY STAFF MEMBER FROM ANY RESPONSIBILITY INVOLVING ANY INJURY TO MY CHILD WHILE ATTENDING A YOUTH RETREAT DURING THE SUMMER OF 2011. THEY WILL NOT BE HELD LIABLE FOR ANY INJURY. IN THE EVENT OF AN EMERGENCY REQUIRING MEDICAL ATTENTION, I GIVE MY PERMISSION FOR MY CHILD TO BE TREATED DURING HIS/HER STAY AT CAMP. I ALSO UNDERSTAND “EAGLE’S NEST MINISTRIES’ / “DWELLING PLACE CHRISTIAN FELLOWSHIP” ARE NOT LIABLE FOR ANY DECISION TO NOT HAVE HEALTH INSURANCE COVERAGE.

INSURANCE COMPANY

I.D. NUMBER

NAME OF CHILD (PLEASE PRINT)

SIGNATURE OF PARENT OF GUARDIAN

Return to:

**Dwelling Place Christian Fellowship 3325 N. Franklin Street, Christiansburg, VA
24073. Phone (540) 381-5500 Fax (540) 381-0157**

**WE NEED A NEW FORM FOR EACH CAMPER EVERY YEAR.
IF YOU HAVE NOT SENT US A RELEASE FORM AND A LEGIBLE
COPY OF YOUR INSURANCE CARD PLEASE MAIL OR FAX IT
TO US IMMEDIATELY!!!**