ZION
Congregational Church

ZION CONGREGATIONAL CHURCH

Adam Magill, Pastor

GROWING and GOING
in Jesus' Name

Summer Games Travel/Camp Consent Form

The undersigned represents that he/she is the custodial parent/legal guardian of _____.

This camper has my/our permission to attend the camping session from July 7, 2014 to July 11, 2014 at FFA/FCCLA Camp in Covington, Georgia. The camper has my/our permission to travel to and from the camping session with the group led by Zion Congregational Church and Broadway United Methodist Church. I understand that my child will be traveling on a charter bus from Treynor, Iowa, to Covington, Georgia, and back, leaving on Saturday, July 5 and returning Saturday, July 12.

This permission is given by me/us with full knowledge of the conditions and activities contemplated during the camp and transportation to and from camp. The participant has no physical or mental disabilities that would impair his/her participation except as noted on the medical release form. I/We will not hold the church, conference, camp, or camp personnel liable for injuries suffered as a result of the camper's own voluntary actions.

I give permission and consent for _____ to participate in all activities and to allow photographs, videotapes, and interviews to be taken during transportation and camping sessions. I further give permission and consent to any such photographs, videotapes, or interviews to be published and used to illustrate, report, promote and advertise the camp. Use of any such photographs, videotapes, or interviews may include, but is not limited to use in websites, catalogues, brochures, flyers, and general promotional materials.

The participant is currently taking only medications listed on the medical release form. The camper has no allergies known to me/us except as noted on that form. The health information/history is correct as far as I/we know.

In the event of illness or injury during transportation or the camp, I/we authorize the physician and/or hospital to undertake such treatment of and perform such services (including surgical) for the participant as are reasonably indicated by the circumstances.

Signature of LEGAL Parent/Guardian OR Adult _____ Date: _____

Signature of 2nd LEGAL Parent/Guardian OR Adult _____ Date: _____