

Camper Name:							Age:	DOB:	_ /	_ /
T-shirt Size (circle):	Adult	Child	Small	Medium	Large	XLarge	XXLarge	XXXLarge		
Mother's Informatior	า									
Name:										
Address:										
Email:						Cell ;	#:			
Home #:	Work #:									
Father's Information										
Name:										
Address:										
Email:						Cell ;	#:			
Home #:				V	Vork #:					
					T INFORI			COMPLETED		

In the event that neither of the parents/guardians can be reached God's Haven is granted permission to dismiss my camper(s) to the following person(s)

Name:		
Cell #:	Work #:	
Name:		
Cell #:	Work #:	
Name:		
Cell #:	Work #:	
NOTICE:	: No child will be released to any unauthorized person who is not listed above CAUTION: Read this document carfully before signing. Verify complete and accurate informa	
Signat	ture:	Date:

Print Name:

Relationship to Attendee(s):



Camp/Event Location:	6603 Raymond Rd, Jackson, MS 392	12			
Parent/Guardian:					
Address:					
Email:		Phone:	Phone:		
This release covers the f	ollowing children:				
Name:	Birthdate:	Grade:	Gender:		
Name:	Birthdate:	Grade:	Gender:		
Name:	Birthdate:	Grade:	Gender:		
Name:	Birthdate:	Grade:	Gender:		

Release/Indemnification. I hereby consent to release absolutely, forever discharge, hold harmless and covenant not to sue God's Haven, Alta Woods United Methodist Church, New Horizon Center, any church or other partners, any directors, employees, agents, independent contractors, volunteers and affiliates (the "Providers") from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify and hold harmless the Providers and any aforementioned entity for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Medical Emergency. In case of an emergency involving my child, I understand that every effort will be made to reach me. In the event that I cannot be reached I hereby give permission to have my child treated by the medical professional of Providers' choosing.

COVID-19 Waiver. I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in God's Haven programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death

Assumption of Risk. I do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in camp activities.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction of filing lawsuits is deemed unlawful, I agree to submit any Claims to a mediation/arbitration organization chosen by the Providers for final resolution.

Media Consent. I give my consent and permission for the taking of photographs and/or video of me (or my child) by the Providers and waive and/or assign any and all rights (including copyright) in such media to the Providers. The Providers, as the sole owners of such media, shalhave the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Copy to Camp Location. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp location.

CAUTION: Read this document carful	lv before sianina.	This is a general release	e and indemnification of claims

Signature:

Date:

Relationship to Attendee(s):

Print Name: