

# Camp Sanders Kids Camp 2024

## Camper Medical Release Form & Permission Agreement



(Must be completed by a legal parent or guardian.)

I, the undersigned, hereby give permission for my child \_\_\_\_\_ to attend and participate in the Camp Sanders Kids Camp at Sanders Christian Camp on July 8-11, 2024.

I certify that my child is physically able to engage in and participate in the activities planned, except where noted on the Registration Form or this Medical Release Form. I hereby authorize the staff of the Camp Sanders Kids Camp to administer any needed emergency medical care and to seek the services of a licensed medical doctor in case of an accident or illness to my son or daughter. I also agree to pay for any expenses incurred.

I furthermore understand that Sanders Christian Camp, Inc. or its sponsor does not have insurance coverage for illness, and I agree to pay all expenses incurred by my son or daughter due to illness or injury.

I hereby agree to release and hold harmless Sanders Christian Camp, Inc. and those acting on its behalf to operate the camp, from responsibility for any accident and resulting injuries to the aforementioned child while enroute to and from camp, and while participating in camp, except in the case where gross negligence is found and proven on the part of the camp staff.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed forms to:

Connie Pittman

[conwyn56@gmail.com](mailto:conwyn56@gmail.com)