

# Medical Release Form (Volunteer Workers under age 18)

## Risk of Injury—Waiver of Liability

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

Camp Session: \_\_\_\_\_

Date of Session: \_\_\_\_\_

- I hereby give permission for my child to participate in recreational, swimming and learning activities and to be bound by all camp policies in force.
- I desire that my child participate in the full range of camp activities and acknowledge that the natural conditions of the camp and the interaction with other children of various ages may subject my child to a risk of injury.
- I, therefore, release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Round Lake Christian Assembly, its staff, management, faculty, volunteers, or its officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my child.
- **In Case of Emergency:** I hereby give permission to the physician selected by the camp management or dean to secure proper treatment for my child as named on this card. Doctor calls, treatment, or hospitalization are to be charged to our family insurance or to me personally.
- I understand that Round Lake Christian Assembly and its staff shall not be held responsible for any articles lost, stolen, or left at the camp.

Signatures required of: \_\_\_\_\_  
(Father or Male Guardian)

Date: \_\_\_\_\_  
(Mother or Female Guardian)

If there is only one legal guardian—Mark "none" on other line.