

Once again, we are happy to offer activities for the earliteen and youth departments during Collegedale Camp Meeting, including a day of recreation at Cohutta Springs Youth Camp. Because there are inherent risks in anything we do, we need this permission slip signed indicating that you want your child to participate. In the event of an accident, your signature on the Consent and Release Form will allow the necessary treatment to take place. As always, we are looking forward to a fun, safe, and rewarding time.

Your Earliteen and Youth Camp Meeting Staff

I, the undersigned parent or guardian of (name of participant) _____
a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or
treatment, and hospital service that may be rendered to said minor.

I hereby give my consent for said participant to ride the transportation to said activity listed above. This consent shall remain in continuous effect until revoked in writing or until said minor is removed by the parent or guardian from the care of the Georgia-Cumberland Conference Camp Meeting Staff. I hereby authorize any hospital or physician, or any other person who has attended or examined said minor, to furnish Georgia-Cumberland Conference insurance company or its representatives any and all information with respect to any illness, injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records.

As parent or legal guardian of the above minor, I accept the conditions stated, including the release of the Georgia-Cumberland Conference of Seventh-day Adventists and its employees/agents from liability in case of serious injury or death resulting from camp meeting activities or any medical treatment.

Parent's/Guardian's Signature

_____/_____/_____
Date

- These activities have **inherent risks** and may result in serious injury or death.
- The **participate is responsible** for taking the time to learn the safe techniques and the proper use and limitations of each piece of equipment.
- These activities are not a requirement and the participant **may refuse** to engage in any part of the activities that make him/her feel uncomfortable.

Parent's/Guardian's Signature

_____/_____/_____
Date

Primary Contact _____ Phone Number _____

Secondary Contact _____ Phone Number _____

