



Please print the names of your child(ren) below:

\_\_\_\_\_

\_\_\_\_\_

The safety of your child is our primary concern.

Precautions will be taken for their well-being and protection.

I/we, the Parents or guardians named below, authorize Grace Chapel Program Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Programs Personnel, Grace Chapel and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Grace Chapel, as well as of any medical treatment authorized by the supervising individuals representing Grace Chapel. This consent and authorization is effective only when participating in or traveling to events sponsored by Grace Chapel.

#### Photos:

Please initial below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

\_\_\_\_\_ Brochures/Promotional material      \_\_\_\_\_ Videotaping

\_\_\_\_\_ Website      \_\_\_\_\_ Church      \_\_\_\_\_ Newsletters

#### Purpose and Extent:

Grace Chapel is collecting and retaining this personal information for the purpose of enrolling your child in this program and to ensure the safety and well being of your child involved in our camp ministry. Information will be seen by staff and volunteers and will be kept in a secure place. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel.

**I have read, understood and agree with the above.**

Parent signature: \_\_\_\_\_

Printed Name : \_\_\_\_\_ Date: \_\_\_\_\_

**When signed please scan & return to [kidscamp@gracechapel.ca](mailto:kidscamp@gracechapel.ca) and bring original to Camp Staff.**