

Fir Point Bible Camp | Family Camp

RELEASE FORM

Basic Information

Your Name: _____

Family Name (the Smith family): _____

Emergency and Liability Release

- 1) I understand all activities are completely voluntary and recognize the inherent risk of injury in all scheduled camp activities.
- 2) I understand that Fir Point has taken proper safety measures, including having certified nursing staff on site, and grant permission for myself and/or my family to receive first aid and emergency treatment by the camp medic in the event of illness or injury, or by the hospital emergency room in case I am unresponsive.
- 3) I understand the importance of knowing and abiding by the camp rules and regulations, and I voluntarily waive any liability claim against Fir Point and camp personnel for damages, attorney fees, or expenses arising out of, or in connection with, any activities of the above organization.
- 4) I understand and agree that Fir Point may use any photo or video of my family, taken at camp, in publications or Online, and I release my right to any kind of remuneration for said photos or videos.
- 5) I understand that any completed Registration forms may be photocopied to have a set available for transportation records and for the Fir Point office.

Signature

X _____ Date _____

--> SIGN THIS FORM AND BRING IT WITH YOU TO CAMP <--