

**EXPERIENCE YOUTH CAMP**

**2025 RELEASE FORM**

*Please complete the form in its entirety. All requested information is applicable.*

**PERSONAL INFORMATION**

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

Church (attending with): \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of 6/13/2025): \_\_\_\_\_ Gender: M / F

(If under 18) Parent/Guardian Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

EMERGENCY AUTHORIZATION - I hereby give permission to the medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests and treatment for my child. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby release Grace International Church/Experience Youth Camp, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth camp functions.

MEDIA AUTHORIZATION - I hereby give permission for any photos or video of my child to be used on any Experience Youth Camp and/or Grace International Church publication, social media or website. OR I have made contact with my pastor/leader to pass along to an EYC camp director as to why photos and videos may not be used.

**Signature of Guardian/Adult Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_