

# Medical and Liability Release Form

JourneyChurch.tv

I, \_\_\_\_\_, verify that I will be a participant at the Summer Camp 2017.

Do you suffer from any allergies? If so, please list:

\_\_\_\_\_  
\_\_\_\_\_

Does you take any medication? If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

In the event that there arises any emergency needing medical attention, I hereby consent and give permission to JourneyChurch.tv, its representatives, or any attending physicians to make such decisions and perform such medical treatment which may in their sole discretion be necessary and proper under the circumstances. I hereby release JourneyChurch.tv, its representatives, or any physicians from any and all actions, damages, or liabilities arising from the treatment or any sickness/accident incurred by above said participant during Summer Camp 2017 including, but not limited to during transport, etc.

Participant First and Last Name

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_ (If participant is under the age of 18)

Date \_\_\_\_\_

**Walk on Water  
Agreement to Participation  
Assumption of Risk and Release of Liability  
PLEASE READ BEFORE SIGNING**

The undersigned acknowledges that during the session that the applicant has requested to participate in, Certain risks and danger may occur. The undersigned recognizes that such risks and danger may include Loss or damage to personal property, physical or psychological damage and/or injury, not excluding fatality due to accident. I certify that I am completely healthy (both physically and emotionally) and capable of participating in this session. I have listed on the medical information form medical conditions That WALK ON WATER Inc. should be aware of which may hinder my participation in the session. However, I understand that it is solely my responsibility to determine whether there is any medical reason That I should not participate in the session and to obtain approval for any and all activities from the appropriate Health-care providers. The health history is correct as far as I know, and the person herein described has permission To engage in all prescribed camp activities except as noted. I hereby authorize the medical personnel selected by The camp director and/or church leader to order x-rays, routine tests, treatment, and necessary transportation for Me/my child as deemed necessary. I, individually and on behalf of the minor and all other family members, Executors or administrators, do hereby release, forever discharge, and agree to hold blameless WALK ON WATER Inc. and its counselors, staff, employees, agents, and lessors from any and all liability, claims, INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OF WALK ON WATER Inc. STAFF, DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, or demands for personal injury, sickness, or death, as well as property Damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant While said person is participating at WALK ON WATER. In consideration of, and as part payment for, the Right to participate in such a program and the services arranged for me by WALK ON WATER Inc. its staff, Directors, counselors, employees, agents and lessors, from any and all liability, actions, causes of action, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF WALK ON WATER INC DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, debts, claims, and demands of every kind and nature Whatsoever, whether for bodily injury, property damage or loss otherwise, which I now have or which may arise From or in connection with my program or participation in any other activities arranged for me by WALK ON WATER Inc. its staff, directors, counselors, employees, agents, and lessors, for all members of my family, Including any minors accompanying me. I SPECIFICALLY AGREE THAT MY AGREEMENT TO INDEMNIFY AND HOLD HARMLESS WALK ON WATER INC. ITS STAFF, DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, INCLUDES ALL LITIGATION COSTS AND ATTORNEY FEES FOR ANY LITIGATION BROUGHT ON BY MYSELF, ON BEHALF OF THE MINOR, IF APPLICABLE, OR ANY OTHER FAMILY MEMBER. I grant permission to WALK ON WATER to use photographs and any video taken by WALK ON WATER for use on web sites or other electronic form or media, without notifying me. I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I hereby agree to release and hold harmless WALK ON WATER, via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. I also state that I am not under, and will not be under the influence of any Chemical substance including alcohol. I fully understand that my physical activity involves risks of injury. I also understand that my participation in this WALK ON WATER Inc. program is entirely VOLUNTARY. I enter into this session and take full responsibility for my decision to participate or not to participate and agree To follow all safety instructions.

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Name of Participant (please print)

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Signature of Participant  
(If under 18, parent or guardian must sign)

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Date

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Signature of Witness

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Date

# Medication Form:

Student's Last Name, First:

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Grade in the Fall 2017: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Does your child suffer from any allergies? If yes, please list:

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Medication/Dose/Administration Time/Reason for Medication (i.e Claritin/ 10mg 1 pill/Bedtime/ As needed for allergies)

Please complete this information for each different medication your child will need administered.

Breakfast| Lunch| Dinner| Bedtime |PRN/As Needed

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Please include any important health information the nurse may need in the event of an emergency:

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I understand that the camp nurse is there to ensure my child's medication is available to my camper at the times I have listed on this form. It is my child's responsibility to go to the nurse to get his/her medication. An announcement will be made at meal times and at the last evening activity to remind those who may have forgotten. I understand that there is only ONE nurse to care for all students and staff. I give the camp nurse my permission to provide first aid and over the counter medications such as Tylenol to my child in my absence.

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Parent/Guardian's Signature

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Parent/Guardian's Print Name

Date \_\_\_\_\_

Parent/Guardian's Cell Phone Number

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