

WAIVER FORM

Camp Name

Camper's Name

I, the parent or guardian of the above named participant, give my voluntary consent to his/her participation in Lakeside Bible Camp (LBC) activities.

Furthermore, I authorize LBC, its staff or its agents to approve and obtain any and all medical attention deemed necessary for the welfare and good health of the above named when ordered by professional medical staff: with the understanding that all reasonable attempts have been made to consult with myself before hand except in the case of minor illness and/or first aid where deemed appropriate.

I release LBC, its trustees, directors, corporate members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

I understand that LBC, its staff or agents reserve the right to dismiss a participant who is in their opinion a hazard to the safety and well being of others, or who appears to have rejected the reasonable guidelines of the activity.

Parent/Guardian Signature

Date

Printed Name

PUBLICITY RELEASE

Permission is hereby granted to allow photographs, videotapes, and quotes to be taken for publishing and used to illustrate, promote, and advertise Lakeside Bible Camp and its programmed activities.

Parent/Guardian Signature

Date

Please mail this form along with registration form and deposit to:

Lakeside Bible Camp
P.O. Box 310
Clinton, WA 98236

360.341.4170 phone
360.341.2311 fax
LakesideBibleCamp.org