



Camp Legacy 2026 Liability & Medical Release Form

This important form is to be **turned in at the time of registration.**
(one per student).

Liability Release Form Release of All Claims

In consideration for being accepted by the **Church of God** for participation in the **North Georgia Church of God Youth Camp - Camp Legacy**. (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless the **Church of God** and the directors thereof from any and all liability, claims 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 child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional act of said participant, including expenses incurred attendant thereto.

Medical Release Form

(If the participant has not attained the age of 21 years.)

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, we (I) hereby assume all transportation costs. *(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)*

Participant's Basic Information

Name: _____
Address: _____
City: _____
State: _____ Zip _____
Phone: _____
Date of Birth: _____
Gender*: Male Female (circle one)
*Gender at birth
Church: _____

SSN _____
Medical Insurance Provider _____
Group Number _____
Policy Number _____
Physician _____
Physician Number _____
Emergency Phone Number _____

List any medications the participant may be allergic to:

- _____
- _____
- _____

List any medications the participant will be taking while on the trip: (these medications are to be turned into the nurse for distribution)

- _____
- _____
- _____

List any health problems that the directors need to be aware of:

- _____
- _____
- _____

Trip Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the above-mentioned trip.

Participant signature

Yes, I give permission for Tylenol/Advil to be administered to my minor child if needed.

Guardian Signature

This form must be **SIGNED**.

I (we) the Parent(s) or Legal Guardians(s) of _____ have read the above

Participant's name (please print)

Liability and Medical Release _____

Participant, Parent(s) or Legal Guardian(s) signature

_____ Date