

July-August 2010



In the Case of Medical Emergency

I recognize and acknowledge that there are certain inherent risks of physical injury in the Peace Players Summer Camp. I therefore agree to assume the full risk of any such injuries, damages or loss regardless of severity that my child/ward may sustain as a result of participating in any activities connected or associated with the Peace Players Summer Camp, sponsored by St. John United Church of Christ, Aurora Illinois.

I hereby release and hold harmless St. John United Church of Christ, including and not limited to its congregation, council members, trustees, pastor and/or camp directors and partners participating in the Peace Players Summer Camp from liability associated with any injury associated with my child's/ward's participation in the Peace Players Summer Camp and I agree not to make any claim, suit or demand against any of the above mentioned individuals/entities for any injury or damage incurred in his/her participation in the Peace Players Summer Camp.

I further grant permission to program staff associated with the Peace Players Summer Camp permission to take any and all such actions as may be required in the case of medical emergency, to see to it that my child/ward receives appropriate medical care, as may be determined by such program staff, understanding that every effort will be made to contact parents/guardians to exercise this authority.

Name of Child/Youth _____ Age _____

X Parent/Guardian Signature: _____ Date: _____

Medication(s) and or Allergies

Please list any medications or allergies to foods, bees, etc. and or any special needs – i.e. asthma, seizures, etc. Use reverse side of this page for further explanation if needed.

Medications	Allergies	Special Needs