ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I _____ RELEASE GRACE COMMUNITY CHURCH OF ALL LIABILITY AND UNDERSTAND THE RISKS OF MY CHILD PARTICIPATING IN THE FOLLOWING ACTIVITIES ASSOCIATED WITH GRACE ADVENTURES DAY CAMP, including minor bumps/bruises from use of the water slide, minor scratches on contact during outdoor exploration and hiking activities, and/or fatigue by means of outdoor physical activity and sun exposure.

I certify that there are no health-related reasons or problems that I am currently aware of that necessitate limiting my child's participation in these activities, and acknowledge that this Accident Waiver will be used by camp personnel to release Grace Community Church of any liability arising from my child's participation in these activities.

In case of minor injury, I hereby consent to my child receiving medical treatment that may be deemed advisable in the event of accident, and/or illness during these activities.

I CERTIFY THAT I HAVE READ THIS WAIVER AND UNDERSTAND THE PRESENCE OF MINOR RISKS WITH OUTDOOR CAMP ACTIVITIES.

Child's Name: _____ _____ _____
First Last Age

_____ _____ _____
Parent/Guardian's Name Date Signature
(Please print legibly.)

*** Please fill out form and send completed form to campforms@gcconline.org