PARENTAL CONSENT / RELEASE FORM

I hereby give my child permission to participate in any and all activities at the South Carolina Church of God Campground, Mauldin, SC. I hereby, waive, release, and discharge any and all claims, demands, and causes of action against Pastors, Laity, Volunteers, Church of God Officials, local Church of God congregations, the Church of God in South Carolina, and the International Church of God Offices, Cleveland, TN, their agents, employees, and participants arising from any damages, property loss, or injury my child may sustain at said facilities and hereby accept all responsibilities for medical costs beyond the range of acquired liability insurance. If my child causes damages to said facilities through willful destruction and/or by accidental means, I hereby accept financial responsibility to repair and/or replace property at the discretion of Church of God Officials. I give permission for my child to travel with the Church of God via professional carrier, and or other means of transportation with a licensed driver. Further, I understand that my child may be denied involvement from any activity for safety precautions and/or as penalization for disobedience of rules at the discretion of officials, or volunteers. I further understand that my child may be photographed and or videoed for promotional and/or remembrance purposes. These images will remain the property of the Church of God for use as the Church of God sees fit. I accept full financial responsibility for and hereby consent to allow employees, and/or volunteers obtain emergency medical treatment as needed for my child if I am physically unavailable at the time of said illness or accident. Further, it is understood that my medical insurance, health insurance, or accident insurance (if applicable) will be used as the primary policy and that the Church of God policy will be used as the secondary policy.

Child's Name_____ Age _____

Parent/Guardian (print)_____

Parent/Guardian (signature)_____ Date _____

Day Phone_____ Address _____

City _____

Insurance Company _____

Doctor's Name _____ Doctor's Number _____

Current Medications _____

Allergies _____

Other Pertinent Information_____

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