

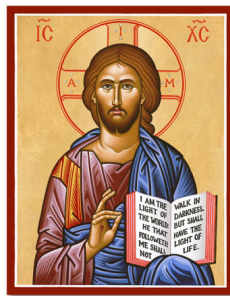
# "FAMILY" CHURCH CAMP

Tuesday, August 15 through Thursday August 17, 2017

each evening from 6:30 ~ 8:30pm

St. Demetrios Greek Orthodox Church, Rocky River, Ohio

◆PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION◆



## RELEASE FORM

I hereby give my child(ren) listed below permission to take part in all Family Church Camp (FCC) activities. In case of an emergency, I give FCC staff permission to administer first aid should medical attention be required. I give permission for the staff to seek further qualified medical assistance until I can be contacted.

\_\_\_\_\_  
(Signature of parent of guardian)

## Pertinent Medical History

\_\_\_\_\_  
Pediatrician name, address and phone number:

\_\_\_\_\_  
Any medical condition we need to be aware of:

\_\_\_\_\_  
Emergency contact: Name/phone# of person other than parent

*If any information changes during the week, send a note*

## WAIVER

I acknowledge and fully understand that my child(ren) will be participating in activities (i.e. playing basketball, baseball or other athletic activities) in the St. Demetrios Greek Orthodox Church's Zapis Activity Center ("ZAC") that involve risk of serious injury, including permanent disability and death, and severe social and economic losses that might result from not only my own actions, inaction, or negligence of others, but also from the rules of play, the condition of the premises, or any equipment used. I assume all the foregoing risks and accept personal responsibility for the damages resulting from any such injury, permanent disability or death.

In addition, I acknowledge and fully understand that St. Demetrios Greek Orthodox Church is not responsible for any of my property that is lost, damaged or stolen during my participation in any activity in the ZAC.

In addition to the foregoing, I hereby release, waive, discharge and covenant not to sue St. Demetrios Greek Orthodox Church, its Parish Council, Priest, parishioners, advisors, and representatives from any and all claims, demands, causes of action, judgments, damages, and expenses, including attorney fees and all legal expenses, on account of personal injury, death, or lost, damaged or stolen property sustained or incurred in connection with my participation in any activity in the ZAC and/or the surrounding premises, including the parking lot.

I have read, understand, and agree to the above waiver and release.

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of Minor Children \_\_\_\_\_

**THIS RELEASE FORM/WAIVER**

**MUST BE COMPLETED AND ACCOMPANY REGISTRATION FORM**