Bliss Summit 2020 Health & Media Waiver

6113 Horton Road Bliss, NY 14024 * 585-322-9975 * director@blisssummit.com

Bliss Summit Bible Camp

Camper Name _____ **Birthdate**_____

Parent/Guardian _____ **Phone #** _____

Address

_____

Emergency Contact _____ **Relation** _____ **Phone #** _____

Emergency Contact _____ **Relation** _____ **Phone #** _____

Health History and Consent

Please indicate any limitations, restriction, allergies or medications (send with instructions)
(Prescription medications must come with a health form and Doctor's instructions)

_____
_____
_____
_____
_____
_____
_____

I hereby give permission to the medical personnel selected by the Bliss Summit Camp staff to order X-rays, routine tests, and transportation as deemed necessary for me/my minor child. If I am unable to be contacted in an emergency, I hereby give permission to the medical personnel selected by the Bliss Summit Camp staff to secure and administer treatment, including hospitalization, for the person named above. This health history is correct to the best of my knowledge, and may be photocopied for trips off camp. The person herein described has permission to engage in all prescribed camp activities except as noted above.

I understand that there are risks inherent in camp activities and agree to hold BCM International/Bliss Summit Bible Camp, its staff, volunteers, directors and officers blameless in all instances. Should it become necessary for me/my child to return home for medical or disciplinary purposes, I will arrange for transportation at my expense within four (4) hours of the request. I agree to allow BCM International/Bliss Summit Bible Camp to use audio, video, still pictures and stories of myself and/or my child for promotional purposes. By my signature, I consent to these statements and grant such authorizations.

SIGNATURE of parent/guardian or adult camper _____ Date____ /____ /_____