

**Permission/Medical Release**

My child/children,

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

have permission to participate in the following activity, which is being sponsored by Chief Cornerstone Baptist Church on the date indicated:

**Description of Activities: Youth Camp 2020**

**Date and Time: Departing @ 7:30 am Sunday, June 28--Returning approx. noon on Friday, July 3rd**

**Cost: \$125.00 non-members; \$75.00 members**

**RELEASE AND WAIVER FOR PARTICIPATION BY MINORS IN CHURCH SPONSORED ACTIVITIES**

I do hereby promise that the statements in my child/children’s online registration are true. I understand that upon returning my camp application and fee, my child/children are signed up for camp and my money is NON-REFUNDABLE except in case of sickness or death in the family. I further understand that once at camp, my child/children must stay at camp until it closes on Friday except in case of illness or family emergency. I have consented to participation by my minor son/daughter in the Church sponsored activity described in the accompanying ONLINE REGISTRATION FORM. In consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against Chief Cornerstone Baptist Church, Mayfield, Kentucky, the Pastors, the employees, or Church members which arise out of, or relate to, my son’s/daughter’s participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right. I also give my permission for Chief Cornerstone Baptist Church to administer prescribed and/or over the counter medications as needed, and medical treatment, if needed. I give permission to camp staff to administer first aid care to and administer OTC medication and/or any prescription medications I send with my child, as directed on the original medication label. I also give my permission to transport my child to the hospital or doctor in case of illness, injury or other emergent need. I give my permission to any such facility to treat my child. I HAVE READ THE CAMP GUIDELINES. I also give permission for my son/daughter to be photographed or videoed for the purpose of documenting camp activities. I hereby give permission for images or videos of my child(ren), during church camp to be used solely for the purposes CCBC Youth Camp promotional material and publications, and waive any rights of compensation or ownership thereto.

\_\_\_\_\_  
**Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

I will abide by all rules set forth by Chief Cornerstone Baptist Church and the Camp Director. Failure to do so may result in dismissal from the camp and I can be sent home. If I choose to bring my cell phone, I understand that it will be turned off and locked up. I will be allowed to call home if needed using a counselor’s phone. My phone will be returned to me at the end of camp.

\_\_\_\_\_  
**Camper Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Camper Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Camper Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Camper Signature**

\_\_\_\_\_  
**Date**

**Chief Cornerstone Baptist Church  
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Mayfield, KY 42066  
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www.chiefcornerstonemayfield.org**