



MIDDLE SCHOOL STUDENT CAMP 2011
AUTHORIZATION FOR MEDICAL RELEASE AND RELEASE OF LIABILITY

I give my consent for my son /daughter ("child"), _____, to participate in Middle School Student Camp ("activity").

I authorize and give my consent to any emergency facility and physician to administer necessary treatment to my child. In the event of an emergency at which time I cannot be reached and/or time is of the essence, I give my consent to transport by ambulance if the situation warrants.

Also, by allowing my child to attend the activity, the undersigned recognizes and acknowledges that there are inherent dangers and risks in the activity, which dangers and risks the undersigned, on behalf of himself/herself, as well as on behalf of the undersigned's spouse, children, ward and others for whom the undersigned is legally responsible, hereby assumes. Consequently, it is understood and agreed that in consideration of my child being permitted to participate in the activity, the undersigned, on behalf of himself/herself, as well as on behalf of the undersigned's children, ward and others for whom the undersigned is legally responsible, hereby releases, discharges, indemnifies and holds harmless the First Baptist Church of Indian Rocks, Inc., Indian Rocks Christian School, their agents, employees, representatives, chaperones and volunteers, from any and all claims, actions, demands, or damages whatsoever, in law or in equity (including attorneys' fees and costs incurred in connection therewith), and specifically including those arising as a result of any alleged negligence of the First Baptist Church of Indian Rocks, Inc., Indian Rocks Christian School, their agents, employees, representatives, chaperones and volunteers, for any and all injury, damage or loss, to person or property, arising directly or indirectly from attending the activity or participating in any activities in connection therewith.

Finally, by signing below, I am representing that I am legally authorized to bind, and am hereby binding myself, my spouse, children, ward and others for whom I the undersigned is legally responsible

(Signature and Relationship to student)

NOTARIZATION REQUIRED

State of Florida, County of _____

The foregoing instrument was acknowledged before me on _____, 20____, by _____

Whom is personally known to me or who produced the flowing identification _____

Notary Public, State of Florida

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