

East Tennessee District Church of the Nazarene Children's Ministries

Permission Form, Liability Release, Authorization for Medical Treatment and Video/Photo Release

I, _____ am the parent or legal guardian
of _____

hereinafter known as "my child", who is a minor. I give my permission and approval for my child to attend the Children's Camp and/or SHIFT Camp (or any overnight District sponsored events) associated with East Tennessee District Church of the Nazarene. I understand my child must follow the guidelines associated with each camp. I understand that during camp, my child will be transported to off campus activities in a church vehicle or private vehicle as approved by the camp director and driven by a qualified driver approved by the camp director. I release the East TN District Children's Department, its council members, agents, camp counselors and/or volunteers from responsibility for accidental injury, including death or illness, while engaged in the camp activities.

Each camp has a licensed nurse in attendance during the camp. In the event that my child becomes ill while attending either camp, I give permission for the camp nurse or, in the case where a nurse is not immediately available, the camp director or an adult counselor to administer first aid. In the event of an emergency, I hereby give permission for a camp director, camp nurse or camp counselor to seek medical attention by a qualified medical professional and for that medical professional to attend to my child's needs. I understand that my child's up-to-date insurance information should be on page 2 of this document and if any changes occur, the Children's Ministries Director should be notified prior to either camp.

I understand that the East TN District Church of the Nazarene Children's Ministries and its assigned camp directors are not responsible for the loss of any personal items during camp and I am strongly encouraged to not send electronic devices with my child. However, should my child bring an electronic device such as a cell phone, I understand to instruct my child that said cell phone should stay in the dorm at all times. I understand that should my child become unruly and disruptive to the point of violence or performing property damage, my child will be sent home and I will be responsible for picking up my child.

I understand that by my child attending and/or participating in East TN District Church of the Nazarene Children's Ministries he/she may be in photographs and/or videos which will be used for promotional purposes only.

This authorization should remain in effect through December 31, 2021 unless revoked in writing.

Signature of parent or legal guardian

STATE OF TENNESSEE COUNTY OF _____

Personally appeared before me, the undersigned Notary Public with whom I am personally acquainted (or who proved to me on the basis of satisfactory evidence) and who acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS my hand, this _____ day of _____, 2021

NOTARY PUBLIC

My commission expires: _____