

Virginia District Quiz Camp
VIRGINIA DISTRICT NYI
August 27-29, 2021
Virginia District Nazarene Campground – Buckingham, VA

I _____ (Print Parent/ Guardian name) give permission for
_____ (Teen's name) to attend activity on August 27-29, 2021.

PARENTAL CONSENT & MEDICAL RELEASE FORM

_____ (Student's name) will be attending Virginia District Quiz Camp at Virginia District Nazarene Campground in Buckingham, VA on August 27-29, 2021.

As parent(s)/ guardian(s) we (I) are confident that every measure will be taken to protect the safety of all participants. So on behalf of said student we (I) hereby release, forever discharge, and agree to hold harmless, the Virginia District, all sponsors, and the directors thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the participant that occur while said child is participating in the Bible Quizzing Camp.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and excursion activities involved therein. Further, authorization and permission is hereby given to Virginia District to furnish any necessary transportation.

We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to participate fully in the Bible Quizzing Tournament, and hereby give Bible Quizzing Camp staff permission to take him/her to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery or x-rays.

We (I) will assume all responsibility for all medical bills, if any are incurred. I understand that if medical treatment is required, I will be contacted as soon as possible.

Health Information:

Food/Medication Allergies: _____

Current Medications and Dosages: _____

Date of Last Tetanus: _____

Other Important Health Information: _____

Insurance Information:

Primary Name: _____ Insurance Company: _____

Policy Number: _____ Group Number: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information:

Name: _____ Phone: _____

Name: _____ Phone: _____