

MEDICAL RELEASE

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named on the reverse side to attend the Sports Crusaders Camp, VBS, and/or HHBC Volleyball season. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the camp. I hereby authorize the camp or church staff to obtain or provide medical treatment for my son/daughter for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at camp. If this occurs, I hereby authorize the camp staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc). I further acknowledge and understand that I will be responsible for any medical bill that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during camp.

Phone #: _____/_____

Should the parent or guardian not be available, who should we contact in case of emergency?

_____ Phone: _____

Signature of Parent/Guardian _____ Date _____

Name of Preferred Doctor _____ Phone Number _____

PHOTOGRAPHY RELEASE — CIRCLE YES OR NO

YES I release to Sports Crusaders and HHBC Sports the rights to use photographs taken of my child, _____, during the camp, VBS, or HHBC Sports season for promotional advertisements in the form of brochures, web pages, newsletter, bulletin boards, Powerpoint presentations, or videos, with the understanding that these photographs will be used in a respectful and decent manner.

NO I DO NOT release to Sports Crusaders or HHBC Sports the right to use photography taken of my child during camp, VBS, or HHBC Sports promotional advertisements in the form of brochures, web pages, newsletter, bulletin boards, Powerpoint presentations, or videos.

Signature of Parent/Guardian _____ Date _____