



TVR CHRISTIAN CAMP & RETREAT CENTER

P.O. Box 10, PLUMTREE NC 28664 • 828.765.7860 • 828.765.0690 FAX • INFORMATION@TVR.ORG

COUPLE RELEASE FORM:

RETURN WITH A \$100 NON-REFUNDABLE/NON-TRANSFERABLE DEPOSIT

\$249 per couple

Last Name _____ Adult Names _____

Address _____

Street

City

State

Zip Code

Email Address: _____

Phone #: _____

EMERGENCY MEDICAL RELEASE AND CAMPER AGREEMENT

1. I/we hereby give permission for my/our child, who is a minor, to attend TVR Christian Camp and to fully participate in the activities offered for his or her age group. In the event of an emergency or sickness, I/we authorize TVR Christian Camp to secure medical treatment for my/our child, to be administered by authorized agents or agencies, as designated by TVR.
2. I/we agree to allow TVR Christian Camp to use any photographic image or video taken of named guests for promotional/marketing purposes. *For safety there will be no names or information given about the individuals or groups in the photos.*
3. I/we understand payment for medical bills for my/our child is my/our responsibility and the camper's family insurance plan is responsible for injuries and/or sickness at camp. **TVR does NOT require that guests be insured while at camp.** If you have any questions, please call TVR at (828)765-7860.
4. **Upon cancellation of a retreat, your personal, non-refundable deposit may be applied to another retreat within 90 days of cancelled retreat date.**
5. **I/we agree to waive and release TVR Christian Camp, its employees and volunteers from any claim or cause of action that might arise on behalf of myself/ourselves or my/our child as a result of his or her participation in this event. Furthermore, I/we agree to assume all responsibility for my/our child's actions, including, but not limited to, the cost of repair or replacement for items damaged by willful abuse of my/our child and /or transportation costs, should it become necessary for my/our child to be sent home for medical or disciplinary reasons prior to the conclusion of this event.**

By signing below, I agree and consent to all above stated.

Name (Print Please) _____

Signature _____ Date _____

Revised 2/15

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TVR ASKS THAT YOU PLEASE DO NOT BRING ANY PETS TO CAMP