

Please read carefully. This section must include guest or parent/guardian signature.

EMERGENCY MEDICAL RELEASE AND AGREEMENT

WE DO NOT REQUIRE NOTARIZED FORMS

1. I/we agree to allow TVR Christian Camp to use any photographic image or video taken of myself for promotional/marketing purposes. *For safety there will be no names or information given about the individuals or groups in the photos.*
2. I/we understand payment for medical bills is my/our responsibility and the leader's insurance plan is responsible for injuries and/or sickness at camp. **TVR does NOT require that a guest be insured while at camp.**
3. **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 as a result of my participation in this event. Furthermore, I/we agree to assume all responsibility for my actions, including, but not limited to, the cost of repair or replacement for items damaged by my willful abuse.**
4. I agree to comply with all standing health restrictions during my week of camp. I acknowledge the assumption of risk of exposure to COVID-19 and other airborne viruses and agrees to not hold TVR liable for any related damage, loss, injury, or expense.

By signing below, I (guest or parent/guardian of guest under 18) agree and consent to all above stated.

Signature _____ Date _____

Revised 1/26