

Camp Boothe/Alabama Church of God of Prophecy  
Consent to Transport  
Waiver and Release Form

Person to be Transported

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Guardian Information

Guardian/Parent Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

Emergency Contact other than Guardian

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

I, the undersigned, give my consent for the person named above to be transported by Camp Boothe/Alabama Church of God of Prophecy and will assume all liability for participation in this event/activity and any injury that may result during the transport or at the event/activity.

Further, by signing below:

1. I will not hold Camp Boothe, Alabama Church of God of Prophecy, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travels.
2. I authorize Camp Boothe/Alabama Church of God of Prophecy to transport and to obtain, through a physician of its own choice, any emergency medical care that may become necessary for the person in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
3. I accept full responsibility and hereby grant permission for the above mentioned to travel with Camp Boothe/Alabama Church of God of Prophecy.

Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_