san diego
christian fellowship

CONSENT AND HOLD HARMLESS FORM

(This form shall be completed for <u>each</u> increased-risk event. The original shall be <u>left</u> at the church office of either the North or South Campus of SDCF and a copy or a second original shall be <u>taken</u> on each trip and shall be in the hands of the designated leader or event coordinator.)

Name of Event: **<u>2026 CHURCH FAMILY CAMP</u>** Date of Event: **<u>AUGUST 28-30</u>**

Participating Minor's Full Name: _____

Minor's Date of Birth: _____ Age: _____ Sex: _____

Minor's Address: _____

Minor's Cell Number: _____

Parent/Legal Guardian Name: _____ Parent/Legal Guardian's #: _____

Name of Alternate Emergency Contact: _____ Relationship: _____

Adult Alternate Emergency Contact Cell #: _____

I, _____ (print name of parent/legal guardian), being the parent or legal guardian of _____ (print name of minor) understand that reasonable safety precautions will be taken by the leaders of this event, and yet there remains the possibility of unforeseen hazards. I hereby give my consent for my child to participate in this event.

I agree to hold harmless San Diego Christian Fellowship or its pastors, board members, leaders, employees, volunteer staff, agents, or representatives from any claim arising out of, or participation in, any form or fashion in the above event that may result in damages, losses, diseases, or injuries incurred

- upon my child, his/her property, his/her personal effects;
- or upon myself, my property, my personal effects;
- or upon other attenders of this event, or guests – invited or not – and the property or personal effects of those attenders or guests.

Signature: _____ Date: _____

Event Details:

Church Family Camp, August 28, 3:00pm – August 30, 12:00PM
Indian Hills Camp
15763 Lyons Valley Rd.
Jamul, CA 91935