

Waiver & Release of Liability and Authorized Pick Up

In consideration of Refuge Church permitting my child to participate in our 2026 Summer Camp and its related activities, I, as the parent/legal guardian of the participant, acknowledge and agree to the following:

I understand that participation in camp activities may involve certain inherent risks, including but not limited to physical activity, games, sports, crafts, outdoor activities, transportation-related activities, and other camp programming. While Refuge Church takes reasonable precautions to provide a safe environment, accidents and injuries may occur.

I certify that my child is physically able to participate in camp activities and that I have disclosed any known medical conditions, allergies, medications, or other health concerns that may affect their participation.

On behalf of myself, my child, our heirs, executors, administrators, and assigns, I release and hold harmless Refuge Church, its pastors, staff, volunteers, directors, officers, and representatives from any claims, demands, actions, damages, losses, costs, or expenses arising from my child's participation in their 2026 VBS Summer Camp, except where caused by gross negligence or willful misconduct.

I further authorize Refuge Church staff and volunteers to obtain medical treatment for my child in the event of an illness, injury, or medical emergency when I cannot be reached immediately. I understand that every reasonable effort will be made to contact me as soon as possible.

Parent/Guardian Initials: _____

Authorized Pick-Up Persons

For the safety of all children, only individuals listed below will be permitted to pick up your child from Summer Camp unless prior arrangements have been made with our camp Director Helan Ali.

Please list all individuals authorized to pick up your child:

Authorized Person #1

Name: _____

Relationship to Child: _____

Phone Number: _____

Authorized Person #2

Name: _____

Relationship to Child: _____

Phone Number: _____

Authorized Person #3

Name: _____

Relationship to Child: _____

Phone Number: _____

Authorized Person #4

Name: _____

Relationship to Child: _____

Phone Number: _____

Pick-Up Authorization Acknowledgement

I understand that Refuge Church will only release my child to the parent(s)/guardian(s) listed on this registration form or to the authorized individuals listed above.

I agree to notify camp staff in advance if someone not listed above will be picking up my child. I understand that identification may be requested before a child is released to an authorized individual.

Parent/Guardian Initials: _____

Acknowledgement

By signing I confirm that I have read, understood and accepted what has been stated in this Waiver, Release of Liability, and Authorization pick up participation policies form for our 2026 VBS Summer Camp from August 4 - August 7. I understand its terms and voluntarily agree to them on behalf of my child.

Parent/Guardian Name: _____

Signature: _____

Date: _____