

## 2008 BIGSTUF CAMPS PERMISSION, RELEASE AND CONSENT

DATE OF EVENT: \_\_\_\_\_  
CHURCH NAME: \_\_\_\_\_  
YOUTH PASTOR/GROUP LEADER: \_\_\_\_\_  
STUDENT'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
GRADE AS OF FALL 2008: \_\_\_\_\_  
MALE OR FEMALE: \_\_\_\_\_

I hereby give my permission for myself or my child to participate in activities (collectively referred to hereinafter as "Camp") organized by Youth Ministry Resources, Inc. and its officers, employees, agents, representatives, affiliates and licensees (collectively referred to hereinafter as "BIGSTUF CAMPS"). I understand and agree that representatives from my home church, not BIGSTUF CAMPS, shall be responsible for the care of my child, from the time he/she leaves my care, for the duration of Camp, and until he/she returns to my care, including, but not limited to, travel and lodging arrangements, and other matters pertaining to the direct supervision of my child. I hereby release, hold harmless and absolve BIGSTUF CAMPS, its officers, employees, staff, sponsors, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation and implementation of the Camp, individually and collectively, from and against any and all responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience of any kind suffered or sustained as a result of, or in any way related to, participation in the Camp. I understand that in the event I or my child requires medical treatment while participating in the Camp, reasonable efforts will be made to contact my emergency contacts designated herein below; however, I hereby consent and give my permission to the BIGSTUF CAMPS staff or any adult counselor acting on behalf of BIGSTUF CAMPS with respect to the Camp, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the State where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my or my child's medical allergies and medications currently prescribed or being taken, medical problems and other pertinent information (attach additional sheets, if necessary). Finally, I hereby authorize BIGSTUF CAMPS to record and photograph (on film, tape, digital, electronic or otherwise) me or my child and to record his or her voice during their participation in the Camp. I hereby further authorize and agree to BIGSTUF CAMPS' unrestricted use, reuse and distribution of said images and recordings, in whole or in part, whether in the original or modified form, in any manner or media, including, without limitation, for purposes of advertising, promoting and publicizing camp, BIGSTUF CAMPS, whether during the Camp or at any time thereafter, in the sole and absolute discretion of BIGSTUF CAMPS, both in the United States and internationally. I expressly and irrevocably waive any and all rights I might otherwise have, now or in the future, to any related privacy or intellectual property rights, proceeds, benefits or similar claims of any kind.

I hereby release and discharge BIGSTUF CAMPS (as defined herein above) its officers, employees, staff, sponsors, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation and implementation of the Camp, individually and collectively, from and against any and all claims, demands, or causes of action that I may now or hereafter have in connection with or in any way related to the use and exercise of the rights granted in this release and consent.

**IF APPLICABLE, I AM LISTING ANY MEDICAL PROBLEMS OR ALLERGIES:**

NAME OF INSURANCE COMPANY: \_\_\_\_\_  
GROUP NAME: \_\_\_\_\_  
NAME OF INSURER: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
GROUP/SUBSCRIBER NUMBER: \_\_\_\_\_  
DATE EFFECTIVE: \_\_\_\_\_  
INSURANCE CO. CLAIM ADDRESS AND PHONE NUMBER: \_\_\_\_\_  
EMERGENCY CONTACT PERSON: \_\_\_\_\_  
EMERGENCY DAY AND EVENING NUMBER: \_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_  
DATE: \_\_\_\_\_