

# CAMP CONSTITUTION RELEASE FORM

## *Lakeside Christian Camp and Conference Center*

### *Pittsfield, Mass., 01201 ~ August 5-11, 2018*

1. In consideration for being accepted and allowed to participate in this EVENT and activities associated with its program and location, I personally assume responsibility for my actions and those of the other persons named below, AGREE TO ABIDE BY THE RULES OF CAMP CONSTITUTION, and release them and Lakeside and its Trustees, employees, and agents from loss, injury or damage to ourselves or our property; provided that nothing contained herein shall excuse Camp Constitution and Lakeside, its Trustees, employees or agents from responsibility to act with reasonable care for the safety of ourselves or our property.
2. I give permission to Camp Constitution be photographed and/or recorded and to allow this material to be used for publicity.
3. I give permission to Camp Constitution to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray exam, or hospital, E.R. as might be ordered by the physician chosen by the director, nurse or doctor in my absence. I release and discharge Camp Constitution, its trustees, employees, and volunteers from any liability for any first aid rendered or treatment performed pursuant to this consent.
4. I understand that Camp Constitution has a hostage policy that states that Camp Constitution should not yield to demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion.
5. I am / we are parents/guardians of (or have parental permission for) and am/are responsible for the following participants:

No.	❖ Names of Attendees	Birth Date	★ Instructions (Medicines, Allergies, Medical Condition etc)
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>

❖ Please List Names of All Attendees In Your Group: Staff / Adult (non-Staff) / Campers & Junior Campers / Under 4  
 ★ Please List Any and All Medicines, Medical Conditions, Allergies or Special Food Requirements etc. Check None if applicable. Attach additional details as needed. Use an additional copy of this form for larger numbers. Sign all copies.

6. I certify that I am competent to sign this Release, and have done so voluntarily.

Signature of Parent/Guardian	Date
Print Name:	
Print Address:	

Signature of Parent/Guardian	Date
Print Name:	
Print Address:	

**SEND (w/Apps. and Payment) TO:**

**Mr. Charles Everett**  
 Camp Constitution Administrator  
 5945 Quail Hollow Rd. Unit D,  
 Charlotte, NC 28210-5028