

CAMP VESPER POINT 2012

CAMPER: _____

**PARENT LIABILITY RELEASE/HOLD HARMLESS AGREEMENT
AND AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT**

By my/our signature(s) below, I/we state and affirm that I/we are the parent(s), legal guardian(s) and/or legal custodian(s) of the above-named camper (hereinafter "Camper"). I/we understand that there may be elements of risk associated with activities at Camp Vesper Point (hereinafter "CVP"). In consideration of and for being accepted by First Presbyterian Church of Chattanooga, Tennessee (hereinafter "FPCC"), CVP, for myself/ourselves and on behalf of Camper, I/we give my/our permission for Camper to participate in all activities at CVP, hereby expressly assume the risk of such activities, and hereby release and agree to indemnify and hold harmless FPCC, CVP, and/or its/their trustee(s), officer(s), employee(s), nurse(s), agent(s), volunteer(s), and/or any and all other individual(s) acting by, for, or on its/their behalf from any and all liability(ies), demand(s) and/or claim(s) of myself / ourselves and/or Camper for property damage(s), expense(s), personal injury(ies), sickness(es), death, and/or of any other nature and any and all type(s) whatsoever arising from, relating to, and/or in connection with such activities and/or participation in them. The undersigned further hereby agree to hold harmless and indemnify FPCC, CVP, its/their trustee(s), officer(s), employee(s), nurse(s), agent(s), volunteer(s), and/or any and all other individual(s) acting by, for, or on its/their behalf for any liability and/or damages sustained by one, more or all of them as the result of negligent, willful or intentional acts of Camper, including the expenses incurred attendant thereto. I also give my permission for Camper to be photographed and/or video-taped as a result of participation in activities at CVP.

In the event I/we cannot be reached in an emergency, I/we hereby give my/our permission to FPCC, CVP, and/or its/their trustee(s), officer(s), nurse(s), employee(s), agent(s), volunteer(s), selected physician(s), and/or any and all other individual(s) acting by, for, or on its behalf to authorize and obtain medical treatment recommended by licensed medical professional(s) for Camper which include, but is not necessarily limited to hospitalization, x-ray(s), lab test(s), injection(s), anesthesia, and/or surgery(ies) for Camper, and I/we assume the responsibility of any and all medical bills in connection therewith. I give permission for CVP nurse(s) to provide routine healthcare, administer "over-the-counter" medications to Camper as they deem necessary, and/or such prescription medication(s) left by me/us with CVP for Camper and/or prescribed by the selected physician(s). I/we hereby further give permission to the above parties and/or individual(s) to authorize the needed transportation of Camper by ambulance in case of emergency. I/we authorize the release of any and all records necessary for treatment and/or insurance purposes, and agree to complete and execute such other document(s) as may be necessary to obtain such release. I/we acknowledge that Camper is covered by our own family's insurance and/or that I/we am financially responsible for any and all medical treatment, including but not necessarily limited to that obtained as authorized above. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/we hereby assume all transportation costs and/or expenses associated with such action. I am the Parent / Legal Guardian / Legal Custodian (circle which) of Camper. If mine is the only signature appearing on this document, I am authorized to execute this document by and/or on behalf of any other Parent, Legal Guardian and/or Legal Custodian of Camper.

I have read and understand the above document, and have signed the same as my own free act and deed.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Sworn to and subscribed before me this _____ day of _____, 2011

Printed Name of Notary Public

Signature of Notary Public

