

Stony Glen Brigade Camp 2010

Permission and Release Consent Form

Name _____

Camper Number _____

I have read and approved the information concerning camp. You have my permission for my son to attend the Ohio Valley Region CSB Ministries Summer Camp at Stony Glen, to participate in its activities and to release the Ohio Valley Region CSB Ministries from responsibility of injuries sustained during any activity during the camp program at Stony Glen. I understand that in case of injury the participants medical insurance is primary and Ohio Valley CSB Ministries insurance is excess. I also agree that any dispute that arises from this contract will be resolved solely through the Christian Legal Society.

Signature of Parent/Guardian

Date

Authorization to Release Information to Camp Personnel

Name _____

Camper Number _____

To any provider of health care services:

You may give Ohio Valley Region CSB Ministries Camp personnel information about camper concerning his or her health, diagnosis, treatment given, and follow-up treatment.

Signature of Parent/Guardian

Date

Blue Cross - Blue Shield

Subscriber _____
Contract No. _____
Group No. _____
Plan No. _____

Other Insurance

Subscriber _____
Group No. _____
Other _____

Permission for Use of Image in Promotional Materials

Name of Camper: _____ Camper Number _____

Parent/Guardian: (please print) _____

We understand that our son's picture may be included in promotional material (camp brochure, website, video presentation) for Ohio Valley Region CSB Ministries and/or CSB Ministries Inc.. We further understand that **NO** camper names, phone numbers, addresses, names of family members or names of friends will appear in any promotional material.

We grant permission to include my son's picture in the publishing of promotional material as described above.

Signature of Parent/Guardian: _____

Date: _____