

Stony Glen Brigade Camp 2011

| Permission and Release Consent Form | |
|--|---------------------|
| Name _____ | Camper Number _____ |
| <p>I have read and approved the information concerning camp. You have my permission for my son to attend the Ohio Valley Region Christian Service Brigade Summer Camp at Stony Glen, to participate in its activities and to release the Ohio Valley Region Christian Service Brigade 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.</p> | |
| _____ 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 C. S. B. Stony Glen Camp personnel information about camper concerning his or her health, diagnosis, treatment given, and follow-up treatment. | | | | | | | | | | | | | | | | | | | | | |
| _____ Signature of Parent/Guardian | _____ Date | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 2px;">Blue Cross - Blue Shield</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Subscriber _____</td> <td></td> </tr> <tr> <td style="padding: 2px;">Contract No. _____</td> <td></td> </tr> <tr> <td style="padding: 2px;">Group No. _____</td> <td></td> </tr> <tr> <td style="padding: 2px;">Plan No. _____</td> <td></td> </tr> </tbody> </table> | Blue Cross - Blue Shield | | Subscriber _____ | | Contract No. _____ | | Group No. _____ | | Plan No. _____ | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 2px;">Other Insurance</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Subscriber _____</td> <td></td> </tr> <tr> <td style="padding: 2px;">Group No. _____</td> <td></td> </tr> <tr> <td style="padding: 2px;">Other _____</td> <td></td> </tr> <tr> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> </tbody> </table> | Other Insurance | | Subscriber _____ | | Group No. _____ | | Other _____ | | _____ | _____ |
| 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) _____ | |
| <p>We understand that our son's picture may be included in promotional material (camp brochure, website, video presentation) for Ohio Valley Region Christian Service Brigade. We further understand that NO camper names, phone numbers, addresses, names of family members or names of friends will appear in any promotional material.</p> | |
| We grant permission to include my son's picture in the publishing of promotional material as described above. | |
| Signature of Parent/Guardian: _____ | Date: _____ |