

**PARENT/GUARDIAN WAIVER  
AND INDEMNITY AGREEMENT**

**Kentucky District United Pentecostal Church  
Summersville, Kentucky**

**JUNIOR, TEEN, AND SENIOR YOUTH CAMPS**

In consideration of your accepting me for participation in one of the above-named activities, I hereby, for myself, my heirs, executors and administrators, waive and release any and all right and claims for damages that I may have against the above-named organization and its agents, employees, representatives, successors and assigns for any and all illnesses or injuries suffered by my child/children that arise out of one of the above-named activities sponsored by the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child/children or I should ever make any claim against the above-named organization for damages arising out of one of the above-named activities, I will personally indemnify, defend, and hold harmless the organization and its agent, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees. I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

**FOR CAMP NURSE:**

List all medications camper is now taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any physical ailments and all known allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please back of form if more space is needed.*

Do any of the physical ailments listed require extra care or monitoring? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain on back.

Would any of the allergies listed for your child cause a life-threatening situation (severe swelling or stop breathing) if exposed? Yes \_\_\_\_ No \_\_\_\_

*If yes, a double dose epi-pen or epi-pen Jr. kit by prescription from your child's health care provider must be sent with your child for admission to camp. One dose will stay at the nurse's station, the other dose with the adult supervising your child.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_