

Summer Camp '11 Registration

Please fill this form out completely

Student Name: _____
Last First Middle

Address: _____
Street or Mailing Address

_____ City State Zip

Home Phone: _____ Cell Phone: _____

Date of Birth _____ Age _____

School _____ Grade _____

Students Email _____

Parents or Guardians Names _____

Parents Email _____

Fathers Work Phone _____

Mothers Work Phone _____

Amount Paid _____

Payment Type: Cash/Check
(Please Circle Payment Type)

[i]mpact

RELEASE AND HOLD HARMLESS AGREEMENT

AND

STATEMENT OF PERMISSION, LIABILITY RELEASE, AND MEDICAL RELEASE

I, _____, the undersigned parent's/guardian's, as evidenced by my signature below, acknowledge _____'s participation in the SUMMER CAMP at Camp Heart of Texas in Brownwood, Texas sponsored by Grace Outreach Center of 5000 W. Parker Rd, Plano, TX ("GOC"). I acknowledge that I am executing this release in consideration for my student(s) being permitted to participate in SUMMER CAMP and that GOC would not allow my student(s) to participate in SUMMER CAMP without the execution of this release.

I fully understand and am accepting the risks involved with SUMMER CAMP and with my student's participation in SUMMER CAMP, and I hereby release any and all claims, demands, and causes, of action of whatever kind and character which I (or my student) may have now or in the future against GOC, it's agents, employees, and representatives arising out of or in any way related to such participation in SUMMER CAMP.

Furthermore, I hereby agree, on behalf of myself and on behalf of any person or entity claiming by, through or under me, to defend, indemnify and hold harmless GOC, it's agents, employees, and representatives, from any and all claims, demands, and causes of action of whatever kind and character which may ever be brought against GOC , or it's agents, employees, or representatives, whether such claims are known or unknown, at law, or in equity, arising out of or in any way related to my child's participation SUMMER CAMP.

Furthermore, I hereby grant GOC the power to seek appropriate medical treatment or attention on behalf of the student(s) as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.

Signed: _____

Printed Name: _____

Emergency Contact Number: _____

Date: _____