

**Camp Elim  
Release and Understanding  
for campers and staff members under the age of 18**

**Indicate your consent to each item below by initialing the provided space.**

\_\_\_\_\_ I hereby give permission for my child to attend Camp Elim and to participate in all activities. I will not hold Camp Elim or its agents liable for injury caused by common accident, illness or the rendering of emergency care. I give permission for this child to participate in any off-site activities during camp and to be transported to and from these activities, including emergency situations (if any) by authorized vehicles.

\_\_\_\_\_ I understand that in the event of an emergency, every effort will be made to contact a responsible parent or guardian of the staff member. In the event that contact cannot be made, I hereby give permission to the camp administration and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia or operations as may be urgently necessary for this child. In the event of a claim, family insurance (if any) will be billed. Camp Elim's insurance provides secondary coverage for injuries sustained at Camp.

\_\_\_\_\_ I give permission to Camp Elim to use video or photography of me or my family members for promotional purposes.

Please note any exceptions to the above:

\_\_\_\_\_

Camper's or Staff Member's Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Daytime Phone Number(s) \_\_\_\_\_

Evening Phone Number(s) \_\_\_\_\_

Family Insurance Policy Company & Number \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

**Camp Elim  
Release and Understanding  
for adult campers or staff members**

**Indicate your consent to each item below by initialing the provided space.**

\_\_\_\_\_ I hereby acknowledge my willful decision to attend Camp Elim and to participate in all activities. I will not hold Camp Elim or its agents liable for injury caused by common accident, illness or the rendering of emergency care. This release includes participation in any off-site activities during camp and to be transported to and from these activities, including emergency situations (if any) by authorized vehicles.

\_\_\_\_\_ I understand that in the event of an emergency, every effort will be made to contact a responsible relative of the staff member. In the event that contact cannot be made, I hereby give permission to the camp administration and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia or operations as may be urgently necessary for me. In the event of a claim, family insurance (if any) will be billed. Camp Elim's insurance provides secondary coverage for injuries sustained at Camp.

\_\_\_\_\_ I give permission to Camp Elim to use video or photography of me or my family members for promotional purposes.

Please note any exceptions to the above:

\_\_\_\_\_

Adult Camper's or Staff member's Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Daytime Phone Number(s) \_\_\_\_\_

Evening Phone Number(s) \_\_\_\_\_

Family Insurance Policy Company & Number \_\_\_\_\_

Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_