

CAMP TIPTON MISSION VOLUNTEER RELEASE FORM
933 Walker School Road, Maryville, TN 37803

Mission Volunteer _____ Age _____

Male ___ Female ___ Shirt Size: Youth _____ Adult _____

Parent/Guardian _____

Mailing Address _____

Phone _____ Home _____ Cell _____ Work _____

Email Address _____

Family Health Insurance Company _____

Address _____

Policy # _____ Phone # _____

Family Physician _____ Phone # _____

Medical History (Dates) Tetanus ___ Polio Booster ___ Measles ___ Mumps ___

Current Medications _____

RELEASE AGREEMENT

I, the undersigned, grant my permission for the above named person to participate in activities with Camp Tipton, Chilhowee Area Ministries (CHARM), and the Chilhowee Baptist Association. I understand some recreational activities (including but not limited to swimming, caving, climbing, rappelling, and horseback riding) involve a certain degree of risk that could result in injury or death. I have carefully considered the risk involved and agree to hold Camp Tipton, CHARM, the Chilhowee Baptist Association and its employees harmless for all personal injury which could result from participation in these activities. I also give my permission to use photographic images of my child engaged in Camp Tipton activities for promotional materials.

I, the undersigned, accept financial responsibility for the well being of the above named camper and authorize Camp Tipton, CHARM, and the Chilhowee Baptist Association program staff to obtain medical attention in case of sickness or injury to my child.

I, the undersigned, verify that the above information is correct and hereby release and forever discharge all sponsors of Camp Tipton, CHARM, and the Chilhowee Baptist Association from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage, injury, death, or loss of property while participating in Camp Tipton, CHARM, and Chilhowee Baptist Association Ministries.

I also understand that a copy of this form is valid as the original in the event of an accident, injury, or illness while the person named above is a participant in Camp Tipton activities, and that the camper's personal insurance or the sponsoring group or church's insurance is the primary insurance carrier. Camp Tipton insurance is secondary.

Mission Volunteer Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____