Camping **consent form**

////////// One Fellowship Church // 5315 Lafayette Rd, Indianapolis, IN 46254 // 317.874.1100 *phone* //////////

Please read and fill in form completely. Return consent form to One Fellowship Church before departure date.

HOLD HARMLESS AGREEMENT

It is hereby understood and agreed that in consideration for my volunteer work through One Fellowship Church, the undersigned hereby voluntarily assumes all risk of accident or damage to his or her person or property or to that of any of his or her dependents, and hereby releases and discharges One Fellowship Church from every claim, liability, damage or demand of any kind sustained, whether or not caused by the negligence of One Fellowship Church. The undersigned hereby agrees to hold harmless and to indemnify One Fellowship Church against all loss and/or expense which he or she or his or her dependents may sustain or incur by reasons of his or her volunteer work or that of any of his or her dependents. Should I, or my dependents, become disabled or injured while performing voluntary work on behalf of One Fellowship Church, I understand that One Fellowship Church carries no disability insurance that would cover me.

Name *(printed)* _____

Address _____

Signature* _____ Date _____

Trip *(country)* _____ Dates of trip _____

***For international travelers,** trip insurance will be purchased for you as part of your cost of the trip. This covers accidental death, accidental medical, and emergency evacuation.*

PARENTAL CONSENT FORM *(for applicants under 18 years of age)*

I/we give consent for the below named dependent child to attend and participate in the short term vision trip program of College Park Church, including any travel and activities that are a part of such involvement. I/we authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor on the advice of whatever medical personnel is available. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Name of child *(printed)* _____ Date of birth _____

Signature of father* _____ Date _____

Signature of mother* _____ Date _____

Medical insurance company _____ Policy # _____

EMERGENCY CONTACT INFORMATION *In the event of an emergency, please contact the following individual(s):*

Name *(printed)* _____ Name *(printed)* _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone(s) _____ Phone(s) _____

** If you are completing this form electronically, then submitting it by e-mail: by entering your name above, you agree to accept the terms of the above document with an electronic signature.*

Please return consent to kdtardy@gmail.com

VIA MAIL
Attn: One Fellowship
5315 Lafayette Rd
Indianapolis, IN 46254

VIA E-MAIL
Attn: Kim Dunson
kdtardy@gmail.com