

# HG Camp Off-Site Travel Release of Liability & Parental Consent Form

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Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Kaleo Group Name: \_\_\_\_\_

Kaleo Group Leader Name \_\_\_\_\_

Kaleo Group Leader Phone \_\_\_\_\_

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## Parental Consent

As part of the HG program organized jointly by HG and Kids Across America, each participant must engage in an off-site local or regional mission activity. I, \_\_\_\_\_ (Parent Name) the undersigned parent/guardian, hereby give permission to my child, \_\_\_\_\_ (**Camper Name**) to participate in the off-site trip organized Kids Across America and Higher Ground camp. I understand that transportation will be provided by Kids Across America, through their choice of transportation, and that all reasonable safety precautions will be taken.

**Photo Release:** I hereby give permission for me/my child to be photographed by Kids Across America staff and understand that such photographs will become the property of the Camp and may be used without limitation for promotional material relevant to the program.

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## Release of Liability

I acknowledge that participation in off-site activities involves certain risks, including but not limited to travel-related incidents, accidents, and unforeseen circumstances. In consideration of my child being allowed to participate, I agree to:

- **Release and hold harmless** HG and Kids Across America Camp, its staff, volunteers and affiliates from all liability, claims, or demands arising from my child's participation in this trip.
  - **Assume full responsibility** for any medical expenses incurred due to injury or illness during the trip.
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## Medical Authorization

In the event of an emergency, I authorize HG Camp staff to obtain medical treatment for my child. I understand that every effort will be made to contact me prior to such treatment. Any Medical or Allergy concerns will be made to our health center and will remain on file.

I also understand that a current copy of my child's insurance card must be on file with HG Camp.

## Acknowledgment

By signing below, I confirm that I have read and understood this release and consent form.

Parent/Guardian Signature: \_\_\_\_\_

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