



Please read carefully. This section must include guest or parent/guardian signature.

## EMERGENCY MEDICAL RELEASE AND CAMPER AGREEMENT

### CHAPERONES/STUDENTS (18+)

1. In the event of an emergency or sickness, I authorize TVR Christian Camp to secure medical treatment for myself, to be administered by authorized agents or agencies, as designated by TVR.
2. I agree to allow TVR Christian Camp to use any photographic image or video taken of named camper for promotional/marketing purposes. *For safety there will be no individual names or specific information given about the individuals or groups in the photos*
3. I understand payment for my medical bills is my responsibility and my personal insurance plan is responsible for any injuries and/or sicknesses at camp. TVR does not require that every camper have some form of medical insurance.
4. I agree to waive and release TVR Christian Camp, its employees and volunteers from any claim or cause of action that might arise on behalf of myself as a result of my participation in this event. Furthermore, I agree to assume all responsibility for my actions, including, but not limited to, the cost of repair or replacement for items damaged by willful abuse.
5. Guest acknowledges the assumption of risk to exposure to Covid-19 and other airborne viruses and agrees to not hold TVR liable for any medical care or related expenses.

### YOUTH (UNDER 18)

6. I/we hereby give permission for my/our child, who is a minor, to attend TVR Christian Camp and to fully participate in the activities offered for his or her age group. In the event of an emergency or sickness, I/we authorize TVR Christian Camp to secure medical treatment for my/our child, to be administered by authorized agents or agencies, as designated by TVR.
7. I/we agree to allow TVR Christian Camp to use any photographic image or video taken of named camper for promotional/marketing purposes. *For safety there will be no names or specific information given about the individuals or groups in the photos.*
8. I/we understand payment for medical bills for my/our child is my/our responsibility and the camper's family insurance plan is responsible for injuries and/or sickness at camp. **TVR does NOT require that every camper have some form of medical insurance but does offer an optional medical insurance plan through Standard Life and Casualty Insurance Company, which will provide for expenses in the event of an injury to you or your child (sickness is excluded).** If you or your child is uninsured, or if your family policy carries a high deductible, this plan could be very helpful. Coverage is explained on the separate application from Standard Life (your group leader should have a copy of this form). The cost is \$6.00 for children through 18 years old. Please send insurance application and check directly to P.O. Box 10, Plumtree, NC 28664. If you have any questions, please call TVR at (828)765-7860.
9. I/we agree to waive and release TVR Christian Camp, its employees and volunteers from any claim or cause of action that might arise on behalf of myself/ourselves or my/our child as a result of his or her participation in this event. Furthermore, I/we agree to assume all responsibility for my/our child's actions, including, but not limited to, the cost of repair or replacement for items damaged by willful abuse of my/our child and or transportation costs, should it become necessary for my/our child to be sent home for medical or disciplinary reasons prior to the conclusion of this event.
10. I/we understand the assumption of risk to exposure of Covid-19 and other airborne viruses during this retreat and we agree to not hold TVR liable for any related medical care or related expenses for our child.

By signing below, I (guest or parent/guardian of guest under 18) agree and consent to all above stated.

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

P.O. Box 10, PLUMTREE NC 28664 • 828.765.7860 • INFORMATION@TVR.ORG

Revised 11/24