

# **2012 BIGSTUF CAMPS/CONFERENCE PERMISSION, RELEASE, AND CONSENT**

**DATE OF EVENT:**

---

**CHURCH NAME:**

---

**YOUTH PASTOR/GROUP LEADER:**

---

**STUDENT/LEADER'S NAME:**

---

**ADDRESS:**

---

**HOME PHONE:**

---

**DATE OF BIRTH:**

---

**GRADE AS OF FALL 2012 (if student):**

---

I hereby give my permission for myself and/or my child to participate in activities (collectively referred to hereinafter as "Camp") organized by Youth Ministry Resources, Inc. and its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, and licensees (collectively referred to hereinafter as "BigStuf Camps"). I understand and agree that representatives from my home church, not BigStuf Camps, shall be responsible for the care of my child from the time he/she leaves my care, for the duration of camp or the conference, and until he/she returns to my care, including but not limited to travel and lodging arrangements and all other matters pertaining to the direct supervision, care, and safety of my child. I hereby release, hold harmless, and absolve BigStuf Camps, its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation, and/or implementation of the camps and conference, individually and collectively, from and against any and all responsibility, all claims, and all liability for any illness, injury, damage, misadventure, harm, loss, or inconvenience of any kind suffered or sustained as a result of or in any way relating to participation in the camps or conference. I understand that in the event I or my child requires medical treatment while participating in the camps or conference, reasonable efforts will be made to contact my emergency contacts designated herein below; however, I hereby consent and give my permission to the BigStuf staff or any person acting on behalf of BigStuf with respect to the camps and conference, to consent to any X-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my and/or my child's medical allergies and medications currently prescribed or being taken, medical problems, and other pertinent information (attach additional sheets, if necessary).

I hereby further authorize and agree to BigStuf Camps to record and photograph (on film, tape, digital, electronic, or otherwise) me and/or my child and to record his or her voice during his or her participation in the Camp. I hereby further authorize and agree to BigStuf Camps' unrestricted use, reuse, and distribution of said images and recordings, in whole or in part, whether in the original or

modified form in any manner of media, including but without limitation to for purposes of advertising, promoting, and publicizing camps and the conference, BigStuf Camps whether during the camps or conference or at any time thereafter, in the sole and absolute discretion of BigStuf Camps, both in the United States and internationally. I expressly and irrevocably waive any and all rights I might otherwise have now or in the future to any related privacy or intellectual property rights, proceeds, benefits, or similar claims of any kind.

I hereby release and discharge BigStuf Camps (as defined herein above), its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation, and/or implementation of the camps and conference, individually and collectively, from and against any and all claims, demands, or causes of action that I may now or hereafter have in connection with or in any way relating to the use and exercise of the rights granted in this release and consent.

**ALL ALLERGIES OR MEDICAL PROBLEMS, IF APPLICABLE:**

\_\_\_\_\_  
**NAME OF INSURANCE COMPANY:**

\_\_\_\_\_  
**GROUP NAME:**

\_\_\_\_\_  
**NAME OF INSURER:**

\_\_\_\_\_  
**POLICY NUMBER:**

\_\_\_\_\_  
**GROUP/SUBSCRIBER NUMBER:**

\_\_\_\_\_  
**DATE EFFECTIVE:**

\_\_\_\_\_  
**INSURANCE CO. CLAIM ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_  
**EMERGENCY CONTACT PERSON:**

\_\_\_\_\_  
**EMERGENCY DAY AND EVENING NUMBER(S):**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN:**

\_\_\_\_\_  
**DATE:**

\_\_\_\_\_  
**SIGNATURE OF PARTICIPATING STUDENT:**

\_\_\_\_\_  
**DATE:**

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
**Notary Public** (signature, date, and stamp required)