

NATHAN SMITH MINISTRIES, INC.  
PO BOX 507, BELMONT, NC 28012

**PARENTAL CONSENT FORM, MEDICAL RELEASE AND TEMPORARY GUARDIANSHIP**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M or F

Address \_\_\_\_\_

Name(s) of Parents or Guardians \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The undersigned does hereby give permission for our (my) child \_\_\_\_\_ to attend and participate in activities sponsored by \_\_\_\_\_ (*your church*), Nathan Smith Ministries, and the Journey Camp, and appoints the adult Youth Advisors of said church - along with the advisors, staff, employees, or contractors of Nathan Smith Ministries and the Journey Camp - as the legal guardian(s) of our child.

This guardianship shall begin on and shall remain in effect until \_\_\_\_\_ or until it is terminated by either of the undersigned parent(s) or guardian(s).

The above named guardians shall have the following powers:

- The power to seek appropriate medical treatment or attention on behalf of our child as may be required by the circumstances, including but not limited to: any x-ray examination, anesthetic, medical, surgical, or dental diagnosis; medical treatment and hospital care, to be rendered to the minor under the general or special supervision or advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of said physician or dentist or at said hospital.
- The power to authorize said medical or dental treatment or procedure in an emergency situation.
- The power to make appropriate decisions regarding discipline, clothing, bodily nourishment, shelter, and safety procedures.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to this authorization.

Should it become necessary for the child to return home due to medical reasons or a violation of any rules, policies or standards, the undersigned shall assume all transportation costs.

Permission is granted and rights waived to all pictures and other media that may be taken of my child during camp for purposes of promoting Nathan Smith Ministries, or church related exhibitions and display and related uses.

The undersigned also does give permission for my (our) child to ride in vehicles designated by the adults in whose care the minor has been entrusted.

The undersigned also does give permission for my (our) child to participate in the events and activities related to the Journey Camp, and recognize that there may be some risks related to such activities and events. In consideration of my child being permitted to participate in the activities, I acknowledge that I am aware of the possible risks, dangers, and hazards associated with participation in the activities, including the possible **risk of severe or fatal injury**. By signing this document, I hereby agree to assume and accept all risks arising out of, associated with, or relating to participating in the activities, and waive and release, for myself and my heirs, executors and assigns, any and all claims and rights for claims for damages or litigation that I may have against Nathan Smith Ministries, its advisors, staff, employees, contractors, officers or directors for any and all injuries or accidents, loss or damage that may befall my child even though such injury, accident, loss, or damage may have been caused by the negligence of one of the aforementioned advisors, staff, employees, contractors, officers or directors of Nathan Smith Ministries.

Parent's or Guardian's Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Camp Location (Circle One): Toccoa Falls College, GA    Panama City, FL    Dates of Camp \_\_\_\_\_