

Liability Release Form:

I, the undersigned that there are inherent risks involved in a mission camp, and I hereby release Your Obedient Servants Ministries, its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my child's involvement.

Medical Release Form:

I, the undersigned am the parent or legal guardian of the above-named participant, and give my consent for him/her to attend the mission camp. In the event that he/she is injured while in attendance and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In case treatment is called for, which a physician refuses to administer without my consent, I hereby authorize a member of Your Obedient Servants Ministries staff to give such consent for me if I cannot be reached by telephone at one of my above listed numbers. I also acknowledge that I will be responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. I affirm that the health insurance information provided on this form is accurate and will be in force at the time of the camp.