

**WEST ORLANDO BAPTIST CHURCH**  
**1006 East Crown Point Road**  
**Ocoee, Florida 34761**  
**407-905-9508**

**CONSENT AND RELEASE FORM**

I, the undersigned parent or guardian, hereby consent to my child \_\_\_\_\_, participating in the Youth Camp at Camp Kulaqua located in High Springs, FL, July 12th - July 16, 2021. I certify that my child is able to participate in all activities relating to this event. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize Brian Woollet to make emergency medical decisions for my child. If there are activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold West Orlando Baptist Church, its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may rise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
Signature of parent or guardian

**Date signed:** \_\_\_\_\_

Over →

MEDICAL CONDITIONS/ALLERGIES OF WHICH TO BE AWARE:

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TELEPHONE NUMBERS WHERE I MAY BE REACHED IN AN EMERGENCY:

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I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING:

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