

**Authorization, Release and
Waiver of Liability Form**

Camp South
“Sharing Our Unity Through Him”

Child’s Name: _____

Please **initial** the following:

_____ I authorize my child to participate in all activities of Camp South. This authorization includes bus/car trips, meals, swimming, tubing, nature hikes and other activities away from the Unicoi Lodge. I also understand that volunteer chaperones will accompany my child during activities.

_____ I authorize Camp South to photograph or videotape, and permit others persons to photograph or videotape my child while attending Camp South. I also authorize photographs to be shared on the South Atlantic District Commission on Youth Discipleship website (www.welscyd.net/southatlantic) and used for any other camp advertising.

_____ In exchange for my child named above being allowed to participate in Camp South, I as a parent or guardian waive and release and discharge Camp South (a ministry of the WELS South Atlantic District), its coordinator and all its volunteers, The Wisconsin Evangelical Lutheran Synod (WELS), from any and all claims, damages or expenses arising from or related to my child’s participation in Camp South. I also agree to indemnify, hold harmless and defend Camp South and each of the other parties listed above with regard to such claims, losses or expenses, including without limitation any claims made by or on behalf of my child.

Parent Signature: _____ Date: _____

Print your name: _____