

Bethel Pentecostal Church

**2017 Legacy Builders Camp
– Event Waiver Form**

Name _____
Gender____ Date of Birth _____
Home Address _____

Home Phone _____
Cell Phone _____

Date of Event: June 19-22, 2017

Type of Event: Seniors Camp

Destination: Camp Sagitawa

Individual in Charge: Rev. G. Warriner

In the event of an emergency or injury, I give permission to transport me to a hospital. I agree to receive initial emergency medical treatment at the discretion of the event sponsor.

I recognize that any event contains a degree of risk, and I agree to not hold Bethel Pentecostal Church or any of its staff, workers or volunteers responsible for any injuries, claims or law suits that might arise due to any action or behavior caused by me at the event described above.

I agree that I am responsible for my conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused to me.

Signature _____

Date _____

Bethel Pentecostal Church

**2017 Legacy Builders Camp
– Event Waiver Form**

Name _____
Gender____ Date of Birth _____
Home Address _____

Home Phone _____
Cell Phone _____

Date of Event: June 19-22, 2017

Type of Event: Seniors Camp

Destination: Camp Sagitawa

Individual in Charge: Rev. G. Warriner

In the event of an emergency or injury, I give permission to transport me to a hospital. I agree to receive initial emergency medical treatment at the discretion of the event sponsor.

I recognize that any event contains a degree of risk, and I agree to not hold Bethel Pentecostal Church or any of its staff, workers or volunteers responsible for any injuries, claims or law suits that might arise due to any action or behavior caused by me at the event described above.

I agree that I am responsible for my conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused to me.

Signature _____

Date _____

Bethel Pentecostal Church

**2017 Legacy Builders Camp
– Event Waiver Form**

Name _____
Gender____ Date of Birth _____
Home Address _____

Home Phone _____
Cell Phone _____

Date of Event: June 19-22, 2017

Type of Event: Seniors Camp

Destination: Camp Sagitawa

Individual in Charge: Rev. G. Warriner

In the event of an emergency or injury, I give permission to transport me to a hospital. I agree to receive initial emergency medical treatment at the discretion of the event sponsor.

I recognize that any event contains a degree of risk, and I agree to not hold Bethel Pentecostal Church or any of its staff, workers or volunteers responsible for any injuries, claims or law suits that might arise due to any action or behavior caused by me at the event described above.

I agree that I am responsible for my conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused to me.

Signature _____

Date _____