Last Name _____

CAMP CHRISTMAS 2026

A ministry of Seven Rivers Church, Lecanto, FL

Minor Informed Consent, Release, and Waiver of Liability

Sporting, Recreation & Activities, Camps, Mission and Overnight Trips

LANGUAGE IN THIS FORM IS MANDATED BY THE FLORIDA LEGISLATURE

NOTICE TO THE MINOR CHILD'S GUARDIAN: READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF SEVEN RIVERS CHURCH (SRC) AND ITS EMPLOYEES, AGENTS, AND VOLUNTEERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHTS AND YOUR RIGHT TO RECOVER FROM SRC OR ANY OF ITS EMPLOYEES, AGENTS, AND VOLUNTEERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND SRC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THE FORM.

1. We, the undersigned, legal guardians of _____, a minor, on behalf of ourselves as parents and guardians and on behalf of our minor child, do hereby release, to the fullest extent permitted by law, SRC and its pastors, employees, agents, volunteers, and affiliate (collectively SRC) from liability in case of any and all illness, injury or loss as well as all claims, damages, or actions of any nature whatsoever, even if resulting from the negligence of SRC and even if resulting from the negligence, actions, judgements, decisions or errors in the administration of medicines or medical care by SRC for any event or activity in which your minor child participates at or with SRC.
2. Furthermore, we do hereby authorize SRC to consent to any diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician, surgeon, nurse, EMT, or person. It is understood that this authorization is given in advance of any specific care being required, but is given to provide authority to give care which may, in the exercise of judgement, be deemed advisable, based upon such circumstances as may exist, including but not limited to any emergency.
3. We hereby authorize SRC, and those with training as Emergency Medical Technicians, or Registered or Licensed Nurses, to perform care upon our child in accordance with the level of training they have received as deemed necessary by them. Regardless, we release them, to the fullest extent permitted by law, from any and all claims even if resulting from negligence, actions, judgements, decisions, decisions or errors in the administration of medicines or medical care. We hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to any adult supervisor or agent of SRC upon completion of treatment. This authorization is given pursuant to Florida law.

Last Name _____

4. We hereby request SRC to carry our discipline determined to be necessary for our child as deemed appropriate und er the circumstances and we release SRC from all claims for damages and from any liability for any such discipline, even in the event of negligence by SRC. We also agree to pay all of the expenses of our child's trip home, if away from the church, because of disciplinary ac on should such ac on be deemed appropriate by SRC.
5. We recognize and agree that all activities at or involving SRC are intended to be physically, emotionally and spiritually beneficial, and that every activity in life involves inherent and unavoidable risks. We have also considered our ability to obtain independent insurance coverage or have other means to cover the expense of any loss, damage or injury and we accept the risk and expense.
6. We, for ourselves and our minor child, hereby authorize the use by publication, display or public use of our or our child's photograph or any likeness in advertising, promotion or reporting of events at SRC or any activity in which SRC is associated and we therefore hereby waive and release, to the fullest extent permitted by law, any and all rights and claims for damages we and/or our minor child may have against SRC from any and all clams, damages or actions of any nature whatsoever, including but not limited to claims pursuant to chapter 540, Florida Statutes, as a result of such use or display.
7. We further acknowledge that the activities at or involving SRC pursuant to this informed consent, release, and waiver of liability are not commercial ac vi es under Florida law and we intend to bind ourselves and our minor child as if they are not commercial activities under Florida law.
8. We have read the entire Minor Informed Consent and Release, and voluntarily accept the conditions stated herein as a requirement for our child's participate in events and activities involving SRC. We agree that unless specifically revoked in writing and signed by us, this Informed Consent and Release will remain in full force and effect. We understand that participation may take place only with a fully executed form in the possession of SRC.

Signature _____ Date_____

Choose one: Parent ☐ Guardian ☐

Signature _____ Date_____

Choose one: Parent ☐ Guardian ☐

Signature of both parents required if married.

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____.

Who is personally know to me or produced _____ as identification.

Notary Signature _____

Notary Commission Expires _____

Please print, read, sign, notarize and submit to Camp Christmas. Notary services may be obtained through Camp Christmas. Email kids@sevenrivers.org with questions.

Last Name _____

CAMP CHRISTMAS 2026

Health Care Policy

1. All children attending Camp Christmas will have a notarized Medical Release Form on file.
2. Parents will be responsible for making the camp staff aware of any medical conditions or medications currently being taken.
3. Medications in the original container with physician's directions and over-the-counter medications approved by the parent on the Medical Release Form will be dispensed by Camp Christmas staff.
4. In the event of a medical emergency, 911 will be called immediately and every attempt will be made to contact the parent/guardian.
5. In the event of an illness, injury, or other medical emergency, the parent/guardian will be contacted immediately. In non-emergency situations, Camp Christmas staff will give care.
6. It is the parent/guardian's responsibility to provide medical insurance for the student. It will be the parent/guardian's responsibility to assume all expenses for any medical treatment.
7. All visits to the camp nurse will be logged with date, time, reason, and treatment. This log will be kept on file for one year.
8. Seven River Church will not hold the nurse, or any other adult, liable for any student's health and/or treatment.

Behavorial Policy

1. The Camp Christmas Director has the authority and responsibility to create a positive and safe environment for all participants.
2. All students attending Camp Christmas will conduct themselves in a civil manner, abiding by all rules and regulations clearly set forth for the event.
3. Parents will assume responsibility for student's behavior. Any student not conducting themselves in an appropriate way, which endangers themselves or others, will be sent home at the parent's expense, as deemed necessary by the Camp Director.
4. The Camp Director has all authority to use appropriate and loving discipline measures suitable for the behavior.
5. Property damages will be repaired/replaced at the parent's expense.

Initials _____ *(by initialing you agree to the above policies)*