

Parental Authorization

Event: Splash Camp Location: Cape Charles, VA

Date of Trip: July 16-20, 2018

Time of Departure: Every morning at 7:15am

Time of Return: Every afternoon at 1:30pm

Adult Counselors: Nikki Allen, Pam Brooks, Nancy Emory, Christine Fail, Kari Lannon, Marie Lovato, Joe & Loretta McCarty, Stephanie Minerly, and Tim & Jen Zittle

Method of Transportation:

Church Bus _____ Adult's personally owned vehicle
_____ Rental van _____ Other: _____

Some activities on this trip may include:

- Travel to/from Cape Charles, VA - (high – **medium** – low risk)
- Leading indoor VBS Bible study rotations - (high – medium – **low** risk)
- Indoor/Outdoor activities and recreation - (high – medium – **low** risk)

*Please list any activities your child will not be participating in that may be associated with this trip:

Acknowledgement of Liability

My child has my permission to go on this trip sponsored by the Missions division of Kempsville Baptist Church. My child has permission to participate in the activities that will be involved with this trip. My child also has permission to ride on the church bus and/or personally owned vehicles of the adult sponsors listed above. I understand that the necessary safety precautions will be taken for the supervision of my child.

The church has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital. I recognize that this church does not provide medical insurance for my child and my child is physically fit to participate in the activity indicated above.

I have read this waiver and do not have any questions about the words used or their meaning.

Child's Name _____

Parent/Guardian Signature _____

Date: _____