

Camp Rhino and Partnering Churches

Blanket Indemnity, Permission, and Medical Release Form for 2024

I/we, the undersigned _____
(full name{s})

In my/our capacity as parent(s)/guardian(s)/custodian(s) of _____
("My/our child")

Hereby:

1. Appoint the Pastor, and/or other Camp Rhino personnel or staff in charge of any tour/outing that my/our child may attend to act in place of the parent or guardian on my/our behalf for any purpose that may arise, particularly (but not limited to) consenting on my/our behalf to any emergency medical treatment that my/our child may require whilst in the care of the church or camp, at a church or camp event or on an outing or tour under circumstances where it is not reasonably possible to timelessly obtain my/our consent;
2. Agree and undertake to pay the costs of any such medical treatment as well as any other costs incurred by the Pastor, and/or other church or camp personnel or staff whilst acting in that capacity;
3. Indemnify and hold blameless Camp Rhino and any partnering Church, its board of directors, teachers, service providers, assistants (whether paid or voluntary), agents and any other staff against any claims, loss or damages that I, my/our child or any other person may suffer due to any injury, sickness, loss of or damage to property that my/our child or I may suffer on the camp or church premises, at any camp or church event held off the camp or church premises, at any outing, on any tour or any other activity or while traveling to or from any event, outing, tour or activity; and
4. I/we expressly waive any such claims that I/we or my/our child may otherwise have against Camp Rhino and any partnering Church, its board of directors, teachers, service providers, assistants (whether paid or voluntary), agents and any other staff and/or any person assisting with transport to any event, outing or tour.
5. I/we give permission to Camp Rhino and partner ministries to use photos and/or videos of my/our child for promotional purposes for future Camp Rhino camps or events.

Signed at _____ on this _____ day of _____ 2024

Signature 1

Signature 2

parent(s)/guardian(s)/custodian(s),
who, by his/her/their signature(s) hereto,
warrants that he/she/they is/are authorized to act

Registration Forms

Camp Rhino
Junior & Teen Camp
Or any activity or event at Camp Rhino

Student Information

Name: _____ Email: _____

Address: _____ Phone: _____

_____ Date of Birth: ____/____/____

City: _____ Province: _____

ID or Birth certificate # _____

Clinic Card # _____

Parent/ Guardian Information

Last Name: _____ First Name: _____

Email: _____ Phone Number: _____

Church Information

Name: _____ City: _____ Province: _____

Insurance Information

Is the participant covered by family medical/ hospital Insurance? Yes No

Carrier of Plan Name: _____ Group # _____

Address: _____ City: _____ Province: _____

Name of Insurer: _____ Relationship to participant: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Please list any allergies: _____