



Grace XP Youth Camp

Neosho, Missouri

Medical Authorization and Release of Liability

(Must be completed in ink by Parent or Legal Guardian)

Child’s Full Name _____ Age _____ Birthdate _____

Street Address _____

City _____

Medication Allergies _____

Food Allergies _____

Current Medication _____

Parent/Guardian Full Name _____

Home Phone _____ Work Phone _____ Cell _____

Date of Last Tetanus Shot _____

Insurance Information

Name of Insurance Company _____

Policy Number _____

Subscribers Name and Social Security Number _____

Address of Ins. Company _____

This affidavit and Release of Liability made and given this day and year hereinafter set forth by the undersigned, to and for the benefit of Grace XP Youth Camp in Neosho, Missouri. In connection with activity at said camp:

Beginning on or about July 14– July 18, 2025

I certify by my signature below that to my knowledge my child has no conditions or other impediments that would interfere in the safe participation in the above-mentioned activity. I fully recognize the hazards involved in such activities and, by my signature below, voluntarily release, waive, and relinquish any and all actions or causes of actions for my child’s personal injury, property damage or wrongful death occurring as a result of engaging in such activities, or while in transit, and I specifically agree to indemnify and hold harmless Grace XP Youth Camp, Neosho, Missouri, from liability for personal injury, property damage or wrongful death due to the extent that such injuries or damages are attributable to or caused (in whole or in part) by my child’s negligence, misconduct, or violation of normal safety requirements of said activity. I further agree to obey all rules prescribed by the assigned authority of Grace XP Youth Camp involving safety operations of this activity.

IN THE EVENT OF AN EMERGENCY, INJURY OR ILLNESS, I HEREBY AUTHORIZE GRACE XP YOUTH CAMP TO PROVIDE OR ARRANGE FOR THE PROVISION OF MEDICAL TREATMENT, INCLUDING THE PROVISION OF EMERGENCY FIRST AID, THE ADMINISTRATION OF MEDICATION, OXYGEN, AND OTHER SUCH TREATMENT AS MAY BE NECESSARY UNTIL I CAN BE CONTACTED.

I authorize the release of any medical information necessary to process insurance claims. I also request payment to the party who accepts assignment.

Parent/Guardian Signature _____