CAMP FORGE PERMISSION SLIP

I, the undersigned parent or guardian, hereby consent to my child, _____ _____, participating in the church conference sponsored by **Faith Baptist Church, Bakersfield California, July 27th – July 31st, 2026**, and in activities connected with the camp at **Camp Oakhurst Christian Camp**. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. I understand that _____ will be transporting my child to and from Camp Forge on behalf of _____ Baptist Church and hereby give my permission for my child to ride in this provided transportation.

In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize _____ to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID TRIP AND DURING SAID YOUTH CONFERENCE TRIP, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold **Faith Baptist Church**, and its agents, employees, and volunteers harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which they now have, or which may arise in the future in connection with the church conference activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT**. This is a legally binding agreement that I have read and understand.

_____ _____

Parent or Guardian Signature Date

MEDICAL CONDITIONS TO BE AWARE OF:

_____

_____

TELEPHONE NUMBERS WHERE I MAY BE REACHED IN AN EMERGENCY:

_____

I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING:

_____