

MEDICAL RELEASE STATEMENT

Participant's Name. (Please Print)

(Last) (First)

Address. _____
(Street)

(City) (State) (Zip)

In case of emergency, please contact _____

Relationship to participant _____

Phone _____

I consent to my child or ward's participation in the AIM Debate Camp 2025. I realize that there are risks of bodily harm inherent within the camps activities, including but not limited to organized games and free time activities. I hereby agree to indemnify and hold harmless AIM Club, it's coaches and leaders, Calvary Chapel Deer Park, volunteers or agents for any loss or damage through personal injury or otherwise whether or not the loss or damage is caused by negligence of AIM Club, its coaches and leaders, volunteers or agents, and claims arising from any accident or sickness to my said child or ward while participating in the said program.

In case of emergency, I understand that every effort will be made to contact me: however, I hereby give my permission to the physician selected by the Debate Camp leadership to secure proper treatment for my child or ward named above.

Signature of parent or guardian Date

Emergency contact No. _____

Name/Type of Insurance _____

Insurance # _____

List ANY allergies: _____

List ANY medications being taken: _____

