

Woodworth – Kid's/Tween Camp Release Statement

I give my permission for my child to participate in all camp-related activities. I give my consent for the camp nurse or other appointed authority to administer proper medication as needed. IN the event I cannot be notified of necessary emergency surgery or other medical treatment for my child. I give my permission for the attending physician to treat my child in the manner he/she recommended. I release the Louisiana District Council Assemblies of God, Inc., Twin Lakes Campground and/or any of their agents from any and all liabilities in regard to any accident or injury as well as any treatment rendered.

I also give my permission for my child to be photographed and/or videoed as a participant in the camp activities, and for those photographs and/or videos to be used in the best interest of the Louisiana District Council Assemblies of God.