



901 Aylor Rd.
Stephens City, VA 22655
(540) 868-0081

2025 CAMP FIVE:FIVE PERMISSION FORM and MEDICAL RELEASE

List the names of students enrolled in Camp Five:Five:

Enrolled Children _____

PERMISSION

As the parent or legal guardian of listed students, I give my permission for him/her to attend the field trips and activities, both on and off campus, of Camp Five:Five until September 1, 2021.

NOTICE OF FINANCIAL RESPONSIBILITY

I accept responsibility for the costs related to my child attending these trips/activities. Costs for field trips will be advertised prior to each trip and are due within 30 days of notice or invoice. I understand that if payment is not received, then my child may not be able to attend future trips.

I understand that the staff or Board of Eukarya Christian Academy reserves the right to cancel any trip for safety or other reasons. In the event of such a cancellation, the policies of the ticket operators and others providing services in connection with the trip will determine the amount of the refund to which I am entitled, if any.

CONDUCT

I understand that in addition to the rules and requirements established by each field trip venue, all school rules apply to each person attending each field trip.

TRANSPORTATION

I understand that a staff member, a faculty member, an administrator, may be used to transport students to and from an activity. The owner of the vehicle is required to carry bodily injury insurance and have proof of a current vehicle state inspection.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I understand that field trips and activities may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, I release Camp Five:Five d.b.a. Eukarya Christian Academy, its Board members, administrators, directors, faculty, staff, and volunteers (“released parties”) from and against all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain

- (a) arising out of my child’s failure to comply with local, state, and federal laws and Camp Five:Five’s policies and procedures;
- (b) arising out of any damage or injury caused by my child; or,
- (c) arising out of a designated driver’s operation of a motor vehicle in relation to these trips/activities.

I also agree to indemnify and hold harmless the released parties from any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

MEDICAL RELEASE

I authorize a designated representative of Eukarya Christian Academy to administer general first aid treatment for any minor injuries or illnesses experienced by child(ren) listed above. If the injury or illness is life threatening or requires emergency treatment, I authorize the designated representative of Camp Five:Five to summon any and all professional emergency personnel to attend, transport, and treat listed child(ren) and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. This shall be in effect on or off the Camp Five:Five campus.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date