



Letter of Informed Consent

Camper Name: _____

Name of camp: _____ Date of camp: _____

Detail of the Activities: Salem Acres Bible Camp Activities include, but not limited to: bouncy castle, carnival games (including paintball, archery, and axe throwing), tractor rides, playground, campfire, BBQ and snack food, t-shirt printing, rock climbing or bouldering, bus transportation, canoeing and waterfront activities, and off-site activities.

Photography: I hereby give permission to Salem Acres Bible Camp to use any photographic and/or video footage and audio of the above Camper for camp purposes. I understand any photographic and/or video footage and audio recordings will be used solely for promotional and/or educational use and will not be sold.

Dear Parent/Guardian: We are running activities as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request you complete and sign the permission form. The safety of your Child is our primary concern. Precautions will be taken for their wellbeing and protection.

I Hereby consent to the participation of my / our child(ren) in this supervised activity.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Salem Acres Bible Camp. I/we understand and accept these risks and agree that by allowing my Child(ren) to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the Parents or guardians named below, authorize the Program Director or one of Salem Acres Bible Camp personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for the participants named above.

I/we, named below, undertake and agree to indemnify and hold blameless Salem Acres Bible Camp, its Personnel, its Leaders and Board from and against any loss, damage, or injury suffered by the participant as a result of being part of the activities of Salem Acres Bible Camp, as well as of any medical treatment authorized by the supervising individuals representing Salem Acres Bible Camp. This consent and authorization is effective only when participating in or traveling to events of Salem Acres Bible Camp.

I have read, understood and agree with above.

Parent/Guardian Name: _____

Signature: _____

Date: _____