

Shiloh Hills Christian School
260 Hawkins Store Road
Kennesaw, Ga. 30144
S.H.C.S. Summer Camp

I, _____, understand that constructive play has an inherent danger in participation, and that in spite of all precautions and accident preventatives, injuries do occur. I legally bound and do, hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge all claims which may arise now or in the future which I may accrue against Shiloh Hills Christian School or any of its employees for any and all injuries suffered by my child while attending and participating in Shiloh Hills Christian School Summer Camp activities.

In order that my child receive the necessary medical treatment in the event of any injury or illness, I hereby authorize Shiloh Hills Christian School to obtain medical treatment for my child for such injury or illness during any event, and I hold Shiloh Hills Christian School harmless in their exercise of the authority.

To the best of my knowledge, my child does not have any disease or injuries that would medically prohibit my child's participation in the Summer Camp at Shiloh Hills Christian School.

Parent/Guardian Acknowledgement Statement (required if child is under the age of 18) I/We have read the above statement and agree to the conditions of this Shiloh Hills Christian School Summer Camp release and waiver as outlined above. I/We consent to allow our son/daughter to participate in the Summer Camp program at Shiloh Hills Christian School.

(Parent/Guardian Signature)

(Date)