

Permission/Medical Release

Parent Permission: I hereby grant permission for my child to fully participate in all activities of NickaJack Farms- 2955 Manchester Ave NW, North Lawrence, OH 44666. While I understand that Camp McPherson and RiverTree staff and participating churches will take all reasonable steps to provide care and safety for my child, I am aware that all churches, their employees, volunteers, and agents cannot assume responsibility for injury, damage, or harm that might result during the course of the program. In permitting my child to participate, I agree that such responsibility will remain with me, as parent and guardian of my child. Should any claim be asserted by any person as a result of the acts of my child while participating in events with Nickajack Farms or RiverTree or while traveling to or from any such activities, or should my child assert any claim against Nickajack Farms or RiverTree , participating churches or any employees, volunteers, or agents, I agree to indemnify and hold harmless from any such claim, including (but not limited to) attorney fees and costs incurred in defense of.

Emergency Authorization: I hereby give permission to the medical personnel attending to the treatment of my child to order x-rays, routine tests and treatment. In the event I cannot be reached in an emergency, I hereby give permission to the child named on this form.

Info and acceptance of this policy will be indicated by your initials on the online registration form process.