**Release Form for IBYC 2025**

Butman Methodist Camp & Retreat Center

June 23rd – June 27th

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| **Camper Information:** | |
| **Name:** | **T-shirt size:** |
| **Birth Date: (MM/DD/YY)** | **Phone:** |
| **Address:** | |
| **City/State/Zip:** | |
| **Insurance Information:** | |
| **Custodial Parent/Guardian/Emergency Contact Information:** | |
| **Name:** | |
| **Address:** | |
| **City/State/Zip:** | |
| **Primary Phone:** | |
| **Email:** | |

**\*\*\*(A copy of medical insurance card must be provided)\*\*\***

**I/We give our child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to go with Victory Church to Butman Methodist Camp & Retreat in Merkel, Tx on June 23rd-27th, 2025.**

**I/We release Victory Church and those in charge and all volunteers from any mishaps that might occur on this trip. I/We understand that my/our child(ren) will be under the supervision of Victory Church Youth Staff & Volunteers and that the rules will be obeyed or I/we, the parent(s), will be called to come and pick up the child that needs to leave the group and the camp before the trip is completed.**

**In the event of an emergency, should my child(ren) require medical care or treatment, I/We authorize Victory Church to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am/We are aware and understand that I should carry health insurance for my child(ren).**

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| **Parent/Guardian Signature:** | **Date:** |
| **Camper Signature:** | **Date:** |