

Permission Slip for Fall Advance 2026.

Please fill out, sign and return by:

October 16, 2026

Camper Information

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthday: ____/____/____ Age: _____ Gender: _____

Parent/Guardian E-mail: _____

Parent/Guardian Phone During Advance: _____

Cabin Buddy: _____

Spring Advance is for **Ages 13-16 years old.**

Consent/Release Form

I, the undersigned, am the legal parent/guardian of the above named child. I authorize Aaron Steinel or an assigned adult representative of Camp Good News® (CGN) to take my child to the nearest hospital for treatment if I cannot be reached in case of an emergency. I further authorize the hospital or a licensed Medical Practitioner to administer treatment. It is understood that I will be contacted by telephone if at all possible prior to treatment.

I grant permission for my child to go on all outings Camp Good News® may take during the camp week. I agree to hold Camp Good News® blameless of any liability from injury sustained or loss of personal property while at camp or on outings. I grant Camp Good News® permission to use my child's image in CGN promotional materials (video, photo, print, etc.).

I understand that if my child continually violates the rules of the camp, he/she may be required to leave as soon as I can be contacted.

Parent/Guardian's Signature _____ Date: _____

As a reminder this event, just like summer camp, is free of charge! A donation of \$25 would help offset the price of the weekend. If you would like to make a donation to the camp to help support the ministry, checks can be made out to Camp Good News or you can donate online at campgoodnewsnc.org/donations. Thank you!

IMPORTANT – READ CAREFULLY BEFORE SIGNING

Childs

Name: _____

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Medical and Liability Release:

I the undersigned have legal custody of the child named above, a minor, and have given our consent to him/her to attend Camp Good News ,110 Maranatha Rd, Fairview, NC 28730.

I acknowledge that all pertinent information concerning any medical or emotional challenges have been made known that could possibly affect my child's involvement at Camp Good News.

I understand that there are inherent risks involved in any ministry, or recreational/athletic event, and I hereby release Camp Good News, its employees, or its volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

In the event that my child is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by CGN, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided on this form is accurate at this date and will, to the best of my knowledge, still be in force for the child named on this form.

I acknowledge and understand that my child will be held responsible for his/her failure to abide by the rules and regulations of Camp Good News. I agree to bring my child home at my own expense should they become ill or if deemed necessary by the leadership at Camp Good News.

I give permission to use photos of my child for Camp Good News publicity.

Signed: _____