**Camp Permission Slip and Release Form**

**Paintball Camp Permission Slip and Liability Release Form**
**Dates**: June 29-30, 2026
**Location**: Lighthouse Community Church
**Time**: 1:00 PM – 4:00 PM daily
**Contact**: Todd Brigham, 907-598-8633, toddbrigham@thecompassak.org

**Camper Information**

- Name: _____
- Age: _____ Date of Birth: _____
- Parent/Guardian Name: _____
- Parent/Guardian Phone: _____
- Emergency Contact Name: _____
- Emergency Contact Phone: _____
- Physical Address: _____
- Email: _____

**Camp Activities**
The camp includes paintball games (e.g., Capture the Flag, tournament), team-building activities (e.g., Minefield, Human Knot), etc. Paintball involves physical activity and potential risks (e.g., bruises, minor injuries from paintball impacts). Safety equipment (masks, protective gear) and trained staff will be provided.

**Medical Information**

- Allergies (food, medication, etc.): _____
- Dietary Restrictions (e.g., vegetarian, gluten-free): _____
- Medical Conditions (e.g., asthma, epilepsy): _____
- Medications (list any camper will need during camp): _____

**Permission and Consent**

I, _____, give permission for my child, _____, to participate in the Paintball Camp, including paintball games, team-building activities, and other activities. I understand the activities involve physical exertion and risks, including but not limited to bruises, minor injuries, or accidents. I confirm my child is physically capable of participating and has no conditions that would prevent safe participation, except as noted above.

**Liability Release**

In consideration of my child's participation, I hereby release, waive, and hold harmless THE COMPASS, its staff, volunteers, and the hosting church, Lighthouse Community Church, from any liability, claims, or damages arising from my child's participation, except in cases of gross negligence or willful misconduct. I understand that safety protocols (e.g., mandatory masks, trained supervision) will be enforced.

**Medical Authorization**

In case of a medical emergency, I authorize camp staff to seek medical treatment for my child, including transport to a medical facility, if I cannot be reached. I agree to cover any medical costs not covered by insurance.

**Photo/Video Release**

[ ] I grant permission for my child to be photographed or filmed during camp for promotional or memory purposes (e.g., group photo, camp highlights).
[ ] I do not grant permission for my child to be photographed or filmed.

**Signature**

I have read and agree to the terms above.
Parent/Guardian Signature: _____ Date: _____
Camper Signature (if 13+): _____ Date: _____

**Return Instructions**

Please return this completed form by June 23, 2025 to thecompassak@gmail.com Contact 907-598-8633 with questions.