

Orthodox Presbyterian Church  
Presbytery of New York and New England

**PARTICIPANT MEDICAL RELEASE & INSURANCE INFORMATION FORM**

Description of Activity: E4K English for Kids, St. Georges de Beauce, Quebec

Date(s) of Activity: June 28-July 5, 2025

**In order to participate in the E4K camp ministry, each adult and teen must complete and return this form via email to Olivia Durham, Director of the E4K ministry, by no later than June 18th, 2025.**

Please email completed forms to: [olivia@copcvt.org](mailto:olivia@copcvt.org).

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Tel. # \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Tel. # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel. # \_\_\_\_\_

Participant's Allergies and Medical Conditions: \_\_\_\_\_

Is the Participant covered by personal/family health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the Participant covered by a travel health insurance policy YES \_\_\_\_\_ No \_\_\_\_\_

If Yes, name of relevant insurer: \_\_\_\_\_

Relevant Insurer Policy or Group # \_\_\_\_\_

I acknowledge that participation in the Activity described above involves risk to the Participant (and to the Participant's parent(s) or guardian(s), if the Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In the case of a medical emergency I understand that every effort will be made to contact the parents or guardians. In the event I cannot be reached, I give my permission for my child to be treated by an accredited physician in an approved medical facility. I therefore designate camp staff with the authority to act on my behalf to secure any treatment plan directed by accredited medical staff for my child named above. I further release from any liability churches of the

Orthodox Presbyterian Church, the Christian Reformed Church of Beauce, Quebec, and the adult leaders of the Activity in the event of an accident associated with the Activity.  
Lastly, I authorize the use and dissemination of my child's likeness or image in both print and on the web.

If a dispute over this agreement or any claim for damages arises, the Participant (or Parent/Guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or Parent/Guardian) and the Activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Participant (if at least 18 yrs. old): \_\_\_\_\_  
Signature Date

Parent (if Participant younger than 18 years old):  
\_\_\_\_\_  
Signature Date