

Health Waiver Camp Tomahawk

I have voluntarily foregone the health medical evaluation by a licensed medical doctor

For myself _____ (print name)

Or

For my child _____ (print name).

I understand the risks that can be associated with not having a medical evaluation. I will not hold the United Church of God, or Camp Tomahawk, or any of the Camp or Church Volunteers, or any other related entity liable or responsible for any medical conditions that may arise or affect my/my child's state of health because of this decision.

Print Parent or Guardian's Name /Print Self's name

Parent or Guardian/Self Signature

Date