

## Scriptural Study Groups Family Camp 2026

Dear Adult bringing a minor child to Family Camp 2026 (that you are a guardian for at camp – not your **own child**),

I am attaching a liability form for you to have filled out for the minor child/children that you are bringing to camp.

Please fill out a copy for each child that you are bringing to camp.

We are required by our insurance and the camp to have these on file, so if we do not have the signed release form for all minor children attending camp without their parent or legal guardian, they will not be able to attend camp.

Please turn in the liability release with your registration form. You may scan and email it back to [camps@ssg.church](mailto:camps@ssg.church) or turn it in to any of our camp staff.

If you have any concerns or questions, please email us at the above email.

Thanks for your help in this!

In His love,  
Camp Staff

# Scriptural Study Groups

## Family Camp July 26 – July 31, 2026

### \*\*\*\*\* LIABILITY RELEASE \*\*\*\*\*

[To be signed by parent or legal guardian of children under 18 years of age]

Although I understand that this Family Camp will not involve any hazardous or inordinately strenuous activities, should any injury occur to my child/legal ward on the premises, I agree to hold Scriptural Study Groups and its representatives, as well as all camp directors, camp staff, and others acting on behalf of the Scriptural Study Groups free and harmless from any and all claims or demands due to injury or other perceived losses resulting from injury received while participating in this camp.

I further agree to allow the directors of this camp or their representatives to seek and obtain medical assistance for my child/legal ward as they deem necessary, and to act on my behalf in the event that I cannot be reached after reasonable efforts have been made to contact me. I understand that the payment of any costs or fees incurred from such medical attention will be my responsibility.

Please print the information below:

### CHILD INFORMATION

CHILD'S NAME \_\_\_\_\_

ADDRESS & ZIP \_\_\_\_\_

\_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH (m/d/yr) \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION

\_\_\_\_\_  
*PLEASE PRINT NAME(S) CLEARLY*

\_\_\_\_\_  
*SIGNATURE OF PARENT/LEGAL GUARDIAN*

\_\_\_\_\_  
*DATE*

**PHONE NUMBERS WHERE WE CAN CONTACT PARENT/LEGAL GUARDIAN:**

\_\_\_\_\_

\_\_\_\_\_