



ADULT

Waiver of Personal Health Insurance for Summer Camps June-July 2019

I hereby acknowledge by my signature that Nappanee Missionary Church (NMC) requires that I have a personal medical insurance policy in order to participate in a summer camp sponsored by NMC. I also declare by my signature that I do not have a personal medical insurance policy under which I am covered for the dates of the summer camp(s):

- Kids Camp Junior: June 21, 2019
- Kids Camp: June 28-29, 2019
- Preteen Camp: July 5-7, 2019
- Middle School: July 9-12, 2019
- High School Camp: July 13-17, 2019

Therefore, I agree to hold the Nappanee Missionary Church harmless and to indemnify said church, its volunteers, leaders and pastors in the event that I incur expenses including, but not limited to the following:

- Medical expenses incurred from an accident or travel-related illness which happens within the dates of said trip or after the dates of the said trip
- Dispatch of doctor or specialist
- Emergency medical evacuation
- Accidental loss of life, hand or foot, or the loss of sight in one or both eyes

Printed Name: _____

Signature: _____

Date: _____

Please return this form to the Ministry Center or mail it to: Nappanee Missionary Church
Attn: Summer Camps
P.O. Box 110
Nappanee, IN 46550