



PO Box 428 Banner Elk, NC 28604

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844-465-7866 phone

### No Insurance Release Form

(for campers without medical insurance)

In consideration for Holston Presbytery Camp (“HPC”) permitting

\_\_\_\_\_ (“Camper”),  
a minor, residing at:

\_\_\_\_\_ (Address)

to participate in the HPC Summer Camp (“Camp”), including all of the physical activities involved therewith AND in consideration for HPC agreeing to waive its requirement that all Camp participants be insured under private insurance plans, Camper, by and through Camper’s parent(s)/guardian(s), hereby remises, releases and forever discharges HPC, as well as its affiliates, successors, assigns, representatives, and employees from any and all actions, causes of action, claims demands, and liabilities for, upon, or by reason of any damage, loss or injury to any person or to any property relating to Camper’s participation in Camp and all activities pertaining thereto.

Camper, by and through Camper’s parent(s)/guardian(s), further agrees to indemnify and hold forever harmless HPC against loss from any further claims, demands or actions arising from Camper’s afore stated Camp participation that may hereafter be made or brought against HPC by any person or entity.

_____	_____	_____
Signature of Camper	Printed Camper’s Name	Date

_____	_____	_____
Signature of Camper’s Parent(s)/Guardian(s)	Printed Name of Camper’s Parent(s)/Guardian(s)	Date

_____	_____	_____
Signature of Camper’s Parent(s)/Guardian(s)	Printed Name of Camper’s Parent(s)/Guardian(s)	Date