



All In 2026

Permissions/Medical Release

PERMISSION: I hereby grant permission for myself / my child to fully participate in all activities of All In, an experience organized and facilitated by RippleFX. This experience occurs at Round Lake Christian Camp, located at 114 State Route 3, Lakeville OH 44638. While I understand that RippleFX staff, Round Lake Christian Camp staff, and participating church leaders will take all reasonable steps to provide care and safety for my child, I am aware that all organizations, churches, their employees, volunteers, and agents cannot assume responsibility for injury, damage, or harm that might result during the course of the experience. In agreeing to permit my child to participate, I agree that such responsibility will remain with me, as parent and/or guardian of my child. Should any claim be asserted by any person as a result of the acts of my child while participating in All In, or while traveling to or from any such activities, or should my child assert any claim against RippleFX, Round Lake Christian Camp, or participating churches or any volunteers, or agents, I agree to indemnify and hold harmless from any such claim, including (but not limited to) attorney fees and costs incurred in defense of. I have read and understood this Agreement and enter into it voluntarily in consideration of the opportunity to participate in this experience. I acknowledge I am giving up legal rights and/or remedies which may be available to me.

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to the child named on this form to be medically treated by RippleFX staff, Round Lake Christian Camp staff, participating church leaders, and medical personnel. Should I not be able to be reached, they may medically treat my child, order x-rays, routine tests, and give necessary treatment.

MEDIA RELEASE AND AUTHORIZATION: I hereby give permission for videos and photos of my child to be used for web content, social media posts and promotional videos or materials for RippleFX events and experiences.

Print name of child _____

Print name of parent/guardian or self _____

Signature of parent/guardian or self _____ Date _____

Personal Information		
Church you are coming with:		
Last Name, First Name, MI:		Sex (M/F):
Home Address:		
City:	State/Zip:	Date of Birth:
Home Phone:	Parent/Guardian/Self Work Phone:	Parent/Guardian/Self Mobile:
Emergency Contact & Phone:		Emergency Contact Relationship:

Do you have any dietary needs? Vegan, Vegetarian etc... Any food allergies? Gluten, dairy nuts etc

Insurance Information

Name of insurance company:

Policy Holder Name:

Employer:

Group #:

Member ID #:

Address of Insurance Company:

Medical Information

Medication Allergies/Type of reaction:

Seasonal Allergy/Type of reaction:

MEDICATIONS: We have a few requests for medications.

First, please keep it in its **original bottle/packaging**, with enough for the weekend, and clearly labeled with your child's name on it. This will ensure that your **Church Trip Leader** knows what they are giving and decrease the chance of errors or unexpected reactions.

Secondly, we have routine over the counter medications available, so we want to know which ones you are okay with your church Trip Leader giving your child, if needed.

The below list is for the medications that need to be given on a daily or routine basis, that cannot be skipped while they are away for All In. Because our schedule is active and fluid we give most of the medications around mealtimes and bedtime.

Daily Medications

Name of Medication	Dose/Amount to be given	Reason for taking	When it is given	Special Instructions

			• Breakfast • Lunch • Dinner • Bedtime Other_____	
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The following non-prescription medications may be stocked in the camp and are used on an as needed basis to manage illness and injury. There are chewable and liquid forms available for some of these options. *There is no need for you to send these for your child.*

Cross out those your child **should not** be given.

Bismuth subsalicylate for upset stomach (Kaopectate, Pepto-Bismol)	Diphenhydramine or antihistamine for allergy (Benadryl)	Anti-itch/hydrocortisone cream
Ibuprofen (Advil, Motrin)	Pain relief / sting spray	Antibiotic cream (Neosporin)
Acetaminophen (Tylenol)	Cough drops	Calamine lotion
Antacid (Tums/Roloids)	Aloe lotion	Throat spray

MEDICATION AUTHORIZATION: If your child is participating All In and the parent/guardian is not attending, then medications are distributed as needed by each church's Trip Leader. As a parent you must give permission for the Trip Leader to give your child medication.

I, _____, Parent/Legal Guardian/Self of _____ (student's name), authorize my church trip leader and/or RippleFX's medical administrator to administer the medications listed above.

PARENT / GUARDIAN / SELF SIGNATURE _____ DATE _____