



Angeles Crest Christian Camp Medical Information and Release Form

NAME _____ AGE _____ DATE OF BIRTH _____ DATE OF CAMP _____

CHURCH _____ CITY _____ MALE FEMALE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL PHONE (____) _____ EMAIL ADDRESS _____

IN EMERGENCY NOTIFY _____ PHONE (____) _____

FAMILY DOCTOR _____ PHONE (____) _____ DATE OF LAST PHYSICAL EXAM _____

IS CHILD CURRENT WITH IMMUNIZATION RECORD? _____

HEALTH HISTORY:

| | | |
|-------------------------------------|------------------------------|---------------------------------------|
| _____ Drug Allergies _____ | _____ Heart Condition _____ | _____ Behavior/Nervous Disorder _____ |
| _____ Food Allergies _____ | _____ Asthma _____ | _____ Physical Handicap _____ |
| _____ Environmental Allergies _____ | _____ Seizure disorder _____ | _____ Stomach Problems _____ |
| _____ Insect Stings _____ | _____ Diabetes _____ | _____ Other _____ |

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions) _____

Date of last tetanus shot: _____ Name, dosage, and frequency of any medications that must be taken regularly or as needed: _____

Any swimming restrictions: Yes _____ No _____ Any activity restrictions; _____ Yes _____ No _____ What restrictions? _____

If your child should require medical attention at camp for injuries received or illnesses contracted prior to coming to camp, please send us the information necessary to give your child proper medical service during your child's stay at camp. For special medical needs, please contact us prior to arrival: _____

Medical insurance: Your carrier will be billed for medical charges in case of accident or illness while at camp. Do you have medical insurance? Yes No
Please give name and policy number of insurance carrier:

Insurance Company _____ Policy Number _____

MEDICAL RELEASE

In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by Angeles Crest to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the first aid attendant on duty at Angeles Crest Christian Camp to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release.

Parent or guardian's signature _____ Relationship to child _____

(you may sign your own Release if you are 18 or older)

Print Name _____ Spouse's Name _____ Date _____



MINOR PARTICIPANT RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING ANGELES CREST CHRISTIAN CAMP FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of Angeles Crest Christian Camp facilities, services, equipment and premises (“Facilities”) and any participation in Angeles Crest Christian Camp programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Angeles Crest Christian Camp, it’s officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or death sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Medical Release

I hereby give my permission to the physician or dentist selected by Angeles Crest to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for the minor as deemed necessary if I am unable to give consent. I also authorize the first aid attendant on duty at Angeles Crest Christian Camp to administer medical aid as required for illness or injury under a physician's orders. The signature below is intended to serve as a medical release.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)