

# Pine Summit Christian Camps

## CONSENT AND RELEASE OF LIABILITY FORM

**THIS DOCUMENT (FRONT AND BACK) CONTAINS A RELEASE OF LIABILITY. PLEASE REVIEW IT CAREFULLY AND SIGN IT.**

- please print legibly -

Group Name: EVANGELICAL FORMOSAN CHURCH Group Date: DECEMBER 28-31, 2011

Full name of Camper: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
I understand and agree that participation at Pine Summit ("Camp") is a privilege to which I am named above ("Camper") or my minor child named above ("Camper") is not otherwise entitled. In consideration for that privilege, I am signing this Consent and Release of Liability.

### Consent to Attend Camp

I hereby give permission for Camper to attend and participate in the Camp.

### Release of Liability

Prior to Camper's participation in Camp activities, I acknowledge that involvement of Camper in the Camp may involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Consent and Release of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities, and I expressly assume all risks of Camper's participation, whether such risks are known or unknown to me at this time. I further generally release Pine Summit, and their directors, officers, employees, volunteers, and agents, and other campers at the Camp, from any and all claims against any of them as a result of property damage or personal injury, illness or death of Camper as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of myself, my minor child (if Camper), and the heirs, family, estate, administrators, executors, personal representatives and assignees.

### Consent to Medical Treatment

If Camper experiences an injury or illness, or has other medical needs, I authorize the Camp's employees, volunteers, and agents to make such arrangements for Camper's health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release Pine Summit and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company (please provide details in the Medical Information section) to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

### Other Releases and Acknowledgements

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, and various Pine Summit publications and other work product. I do hereby irrevocably grant Pine Summit permission to record, display and/or reproduce Camper's name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

### Adherence to Policies and Guidelines

I ensure that Camper will adhere to the Camp policies and guidelines. If Camper fails to abide by established rules and/or standards of conduct, Camp staff reserves the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation and to make travel arrangements for Camper and to assume the cost of these expenses.

To the extent any provision of this document is found to be unenforceable, such provision shall be deemed severable and shall not affect the enforceability of any other portion of this document, and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties.

### Medical Insurance Information

Insured's Name: \_\_\_\_\_ Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### **Medical Information (COMPLETE ONLY IF CAMPER IS A MINOR)**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Date of last MMR: \_\_\_\_\_ Date of last Hepatitis B: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

Are all other vaccinations up-to-date?  Yes  No

Does the Camper have any allergies to drugs and/or food (please write "None" if applicable): \_\_\_\_\_

\_\_\_\_\_

Does the Camper have behavioral problems or medical needs we need to be made aware of (write "None" if applicable): \_\_\_\_\_

\_\_\_\_\_

Will the Camper be on any medication(s)\* while at camp?  Yes  No If yes, please list each and every medication: \_\_\_\_\_

\_\_\_\_\_

\* (All medications must be given to camp nurse in original containers with original label attached containing prescription and camper's name)

The camp nurse has my permission to provide the Camper with non-prescription medicines as deemed necessary.  Yes  No

If yes, please list any over-the-counter medications that should not be given: \_\_\_\_\_

\_\_\_\_\_

Does the Camper have any physical condition or limitation that would restrict participation in any camp activities?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Does the Camper have?  Sinus Trouble/Hay Fever  Heart Trouble  Epilepsy  Asthma  Diabetes

\_\_\_\_\_

I represent and warrant that I am the Camper named above or I am a parent or legal guardian of the Camper named above and have the full power and authority to enter into this Consent and Release of Liability. By signing below, I acknowledge that this document has been read and understood by me, and also represent that all information provided is accurate. Each legally responsible parent/guardian is required to sign below.

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Print Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Emergency Contact (if same write "Same") \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_