



## 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 \_\_\_\_\_



## **ANGELES CREST CHRISTIAN CAMP**

### **Participation, Release, Waiver & Indemnity Agreement**

WHILE ANGELES CREST CHRISTIAN CAMP MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT ANGELES CREST.

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at Angeles Crest Christian Camps, and on or around Angeles Crest. These activities include, but are not limited to, swimming, Pamper Pole, climbing wall, archery, riflery, competition games, trampoline, paintball, and zip line. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Angeles Crest Christian Camp has taken reasonable steps to provide equipment and skilled employees so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the Camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Angeles Crest Christian Camp, its officers, Board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Angeles Crest Christian Camp or on or around Angeles Crest. This release does not apply to intentional and/or willful acts of misconduct by Angeles Crest Christian Camp or any of its officers, Board, agents or employees.

Should Angeles Crest Christian Camp, or anyone acting on their behalf, be required to incur attorney's fees costs to enforce this agreement, I agree to indemnify and hold Angeles Crest Christian Camp harmless for all such fees and costs.

During camp, photos and/or videos are sometimes taken to use in materials to promote Angeles Crest Christian Camp in print or on the website. You hereby grant Angeles Crest Christian Camp permission to record your voice and photograph in conjunction with the Camp. By entering the camp, you waive all rights you may have to claims for payment or royalties.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Angeles Crest Christian Camp on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Parent or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Email Address \_\_\_\_\_