

Horton Haven Christian Camp
High Adventure Area

MEDICAL RELEASE

Group Name: _____
Name of Participant: _____ Age: ____ Ht: ____ Sex: ____
Address: _____ City: _____ ST _____ ZIP _____
Phone #: Home _____ Work _____ Emergency _____
Emergency Contact Person's Name: _____
Name of parent or legal guardian if different from above: _____

By completing and signing this form you are giving the operating organization permission to engage medical help for you or your child if the need should arise. Please be honest on this form it will allow for a safer and properly designed course. If you have had any of the following conditions, please circle and give details in the lines below:

- | | | |
|---|----------------------------------|--------------|
| Respiratory problems | Joint or back problems | Epilepsy |
| Gastrointestinal disturbances | Eating disorders or special diet | Arthritis |
| Urinary tract disorders | High blood pressure | Diabetes |
| Liver dysfunction | Bleeding disorders | Hypertension |
| Neurological problems | Thyroid problems | |
| Psychological or psychiatric counseling | Cardiac problems | |

Explanation: _____

Is the participant allergic to anything? Specify: _____
Is the participant currently on medication? Specify: _____
Last DT series: _____ Last Tetanus: _____

In the event that medical treatment is need for myself (or my son/daughter is under 18), I give my permission for such treatment as deemed necessary to be administered.

Signature of participant Date Signature of parent or guardian if under 18 Date

RELEASE FORM

advised to the risks that are inherent and common to activities I will participate in. Further, I agree to the following conditions which I have checked:

- _____ 1. I am fully capable of participating without causing danger to myself or others.
- _____ 2. I assume all risks associated with the course and agree to hold harmless the organization, the leaders, contractors and other employees. I accept the risks of weather, rough terrain and high risk elements such as, but not limited to: rope course, rock climbing, biking, caving, backpacking, canoeing, swimming, orienteering, and general camp life in which I will be participating.
- _____ 3. I am participating of my own free will.
- _____ 4. I understand that this organization also addresses spiritual issues from a Biblical basis.
- _____ 5. I agree to hold this organization harmless for injury or damage cause by another member of the course.

PHOTO RELEASE

I agree to allow this organization to photograph or videotape my participation in this course. I understand that the pictures may be used in promoting the organization.

I have read all the above statements and sign below in agreement:

Signature of participant Date Signature of parent or guardian if under 18 Date