

Liability/Medical Release Form

Release of all claims

In consideration for being accepted by Camp Shiloh and Camp Firwood for participation in the Camp Shiloh 2017 (June 19-June 23, 2017) we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge, and agree to hold harmless Camp Shiloh and Camp Firwood and the directors/staff thereof from any and all liability, claims of demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damages, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said camp to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said camp, its directors, employees, and agents for any liability sustained by said camp as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years) We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said camp or event, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation cost.

Please PRINT the following information:

Participant's Name

Participant's Birth date _____

Father's Name

Mother's Name

Phone Number

Parent's Work Phone Number

(only participant need sign if 21 years of age or older. If under 21, BOTH parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Father's Signature

Mother's Signature

Legal Guardian's Signature

Participant's Signature (if age 21)

Trip Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip/event.

Physician's Name _____

Physician's Phone _____

Special Medication _____

Allergic to _____

Medical Ins. Carrier _____

Policy Number _____

Participant's Signature

Anything specific about your child that our nurse should know about _____
