

PARENT INFORMATION

Medications: All medications brought to camp must be in original containers. Bee sting medication, inhalers, and insulin syringe, or other medication or device used in the event of life-threatening situations may be carried by a camper.

Health Forms: A health history is required for each camper. Information should include any physical condition, medications, or allergies requiring special consideration. For a camper under 18 years of age, written consent for emergency medical care is required.

CONSENT AND RELEASE INFORMATION

This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I hereby give permission to transport the camper in camp-designated vehicles for off-site trips. The completed forms may be photocopied for trips out of camp.

I release Timber-lee including its trustees, employees, and agents from my physical injury, including death, or illness while at camp. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns.

If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives, and assigns. My parent or guardian also promises, by signing below to defend, indemnify, and hold Timber-lee harmless from any claim asserted by me against Timber-lee, including its trustees, employees, and agents, if I should repudiate this release after obtaining adulthood.

I hereby grant permission to Timber-lee to photograph the camper during camp activities and to use the photographs in Timber-lee audio-visual and printed materials without compensation or approval rights.

Signature of parent or guardian _____

I also understand and agree to abide with the restriction placed on my camp activities as listed above.

Signature of minor _____ **Date** _____

******* For Challenge/High Ropes Program Participants (Acknowledgment of Risk) *******

I understand that during my participation in this High Ropes course or activity, I may be exposed to psychologically and physically stressful and challenging situations.

I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. Also, I understand that I share responsibility for safety and I assume that responsibility. Further, I waive any claim that may arise against Timber-lee Christian Center or its employees as a result of my participation in the program, except those which are the direct result of the negligence of Timber-lee Christian Center or its employees.

I have accepted responsibility for verifying my personal health and my medical history on the reverse side of this sheet, and that I have no physical or psychological conditions that would prohibit my participation in this program.

I agree to comply with all instructions and directions of Timber-lee Christian Center staff during my participation.

Please present this form to the High Ropes Instructor during your scheduled time at Timber-lee.

Print Name/Signature (if over 18 yrs.) _____

Signature of parent or guardian (if under 18 yrs.) _____

Date _____

