

CAMP SUMMIT

Health Form: Participant

For children, youth, and adults attending Camp Summit
Form to be filled out by parent/guardian of minors or by adult participants/staff members

Parent/Guardian Information:

Name: _____ Home Phone: _____ Alt. Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Alternate/Emergency Contact Information:

Name: _____ Relation to Participant: _____

Home Phone: _____ Alt. Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Health Information:

1. Do you have any pre-existing injuries (ankle, knee, back, neck, shoulder, etc) that might be aggravated by your participation? YES NO
2. Are you currently taking any medications? YES NO
If yes, please list medications: _____
3. Do you have any heart problems? YES NO
4. Do you have high blood pressure? YES NO
5. Do you often feel faint or have spells of severe dizziness? YES NO
6. Do you have any breathing difficulties or illnesses? YES NO
7. Do you have diabetes? YES NO
8. Are you pregnant? YES NO
9. Do you have allergies (food, bees, insects, medications, etc.)? YES NO
10. Are you afraid of heights? YES NO
11. Participating in this program may involve bending, twisting, lifting, running, jumping, climbing, increased heart and breath rates and physical contact with others. Unexpected strains or jolts to your body can occur. Does this concern you? YES NO
12. Are there any other health concerns that we should know about?

_____ If you answered YES to any questions above, please explain.

(The group leader may discuss the safety of your participation on the zip-line/low ropes course with you.)
Please include any additional information you feel is relevant.

Insurance and Permission to Treat

Insurance carrier: _____ Policy or Group# _____

Important - the authorization below must be completed for attendance

This health history is correct so far as I know, and the person described has permission to engage in all prescribed 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, and necessary related transportation for me/ or 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 also give permission for my child's picture to be used by Christian Friendliness Association/Camp Summit for promotional purposes. The completed forms may be photocopied for trips out of camp.

X _____ Date: _____

Signature of Parent, Guardian, or Participant (if over 18)

CAMP SUMMIT

Consent and Liability Form

INFORMED CONSENT AND LIABILITY RELEASE FORM THIS IS A RELEASE OF LIABILITY, PLEASE READ BEFORE SIGNING.

DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS

1. I have asked to participate in activities at Christian Friendliness Association - Camp Summit. I understand that the outdoor activities may include climbing walls, zip-line, high or low ropes course, hiking, sledding, water activities, field games, or other related activities. I understand that these activities may involve risk or exposure to inclement weather, which can result in personal injury, death, and property damage. I understand that accidents or illness can occur in remote places without medical facilities. I understand that all these activities can be strenuous activities, which should not be participated in by persons with heart or cardiovascular ailments or other serious illnesses. I represent that myself, my family, and I are in good health and physically and mentally capable of participation in these activities. I understand that any route or activity chosen, as part of our outdoor adventure may not be the safest but has been chosen for its interest.
2. I understand that outdoor climbing walls, zip-line, high or low ropes courses, water activities, hiking, sledding, field games, and related activities involve risk of falls or other injury; encounters with man made and natural obstacles or conditions; and equipment or guide failure that can result in personal injury, death and property damage.
3. I understand that participation in climbing wall, zip-line and ropes course activities includes the use of ropes or other climbing equipment. I understand that the use of their equipment carries with it the risk of equipment failure and of necessity requires a participant to rely on the cooperation, skill, and ability of other participants or an instructor, which can result in personal injury, including death and property damage.
4. I understand that participation in any water activities is to be used at my own risk. A minor may only participate in water activities if supervised by a certified lifeguard or legal parent or guardian. I understand that even under supervision a minor or adult may suffer from injury or death.
5. I understand that swimming in the lake on Camp Summit property is strictly forbidden and I agree not to willfully violate this policy. I understand that Christian Friendliness Association is not responsible for accidents, injury, or death that may result from willful violation of the no swimming policy.
6. I expressly assume the risk of injury, death, and property damage set forth in paragraphs 1-4 above, which may result from my participation and my minor child's participation in the above activities, on my behalf and on behalf of my minor child or wards and waive any claims based on negligence or breach of warranty. I might assert on my own behalf, on behalf of my minor child or wards against Camp Summit, Christian Friendliness Association, or its board, agents, guests, employees for personal injuries, death and/or property damage sustained while participating in the aforementioned activities with Christian Friendliness Association - Camp Summit and consent to Christian Friendliness Association obtaining emergency or needed medical services if, within their discretion, the circumstances warrant.
7. I further agree on my own behalf and on behalf of my minor child and wards to hold Camp Summit, Christian Friendliness Association, its board, agents, guests, employees harmless and to indemnify them for personal injuries to myself, my minor child, others, or for property damage which results from my own participation or my minor child's participation in any of the above activities.
8. I understand that the signature of the parent or guardian of a minor child on this agreement shall make all provisions of this release and agreement applicable to and binding on the minor child and if so signing, I represent I have the legal authority to sign on behalf of said child as his or her parent or legal guardian and hold Christian Friendliness Association, Camp Summit, their owners, boards, agents, employees harmless from any loss if said representations is not true.
9. This agreement shall be legally binding upon heirs, my assigns, legal guardians, personal representatives, and me. I have carefully read this agreement and understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into this agreement on behalf of myself, and/or my minor child of my own free will.
10. I understand that the information will be disclosed only for purposes of administration of services, and that Christian Friendliness Association may verify the information I have provided. I understand that I have the right to appeal any adverse action to have a fair hearing of grievance.
11. My attached signature represents the fact that I, _____, hereby agree to provide personal liability and medical insurance as primary coverage for any accident, injury, or encumbrance related to my participation with Camp Summit activities.

X _____ Date: _____

Signature of Parent, Guardian, or Participant (if over 18)

Participant Information:

Name: _____ Date of Birth: _____