

# COMPLETE AND BRING WITH YOU TO CHECK-IN Medical/Liability RELEASE FORM

Child's Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_  
Gender \_\_\_\_\_ Age \_\_\_\_\_ Alternate Phone # (home or cell) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Event Attending \_\_\_\_\_

**Medical Release:** Should medical treatment be necessary for any camper, camp personnel will take the camper to a hospital emergency room. Before treatment can be rendered, we must provide them with the medical information and a release form. Please complete this form and sign below indicating your consent and permission for an authorized agent of Camp Highland to sign an "Authorization for Emergency Treatment" for your child or ward on your behalf should medical treatment be necessary at the time of an emergency that requires immediate care. If such treatment or injury should occur, you will be notified immediately. Please provide us with your insurance information that covers the camper.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Doctor's Number \_\_\_\_\_

**Medical History:** Please CIRCLE any ailments or conditions to which the camper is subject:

Drug reactions/allergies \_\_\_\_\_ Heart problems \_\_\_\_\_ Respiratory problems \_\_\_\_\_  
Allergies \_\_\_\_\_ Headaches \_\_\_\_\_ Kidney problems \_\_\_\_\_ Other (list below) \_\_\_\_\_

Please Indicate any recent illnesses, injuries or conditions that may affect your child's participation:

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To the best of my knowledge, the information provided is correct. I know of no reason, physical or otherwise, which should prevent my child's full participation in this camp program. I have provided camp personnel with a written list of activities in which I do NOT want my child to participate:

Parent or Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**Release of Liability:** Camp Highland (Highland Day Camp) is an adventure challenge camp that provides voluntary participation in strenuous and potentially dangerous activities. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while the rules, equipment and personal discipline may reduce the risk of serious injury, the potential of injury/death does exist. I assume full responsibility for my, and/or my child's participation. I willingly comply with the stated and customary terms and conditions of participation. If I however, observe any unusual significant hazard during my presence or participation, I will remove myself and/or my child's participation and bring such attention to the nearest camp personnel immediately. I, for my self, or on behalf of my child, heirs, assignors and personal representatives, do hereby release and hold harmless Camp Highland, Highland Day Camp, Make a Difference Ministries, Inc, or their officers, agents and/or employees, other participants, sponsoring agents, property owner(s), lessors of premises used to conduct activities. I release Camp Highland with respect to any and all injury, disability, death, or loss of damage to personal property.

I have read and understand this release of liability of risk agreement and sign it voluntarily.

Printed Name of Parent or Guardian \_\_\_\_\_

Parent or Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_  
(if over 18 years of age)