

CEDAR GROVE RETREAT

Camper Medical/Liability/Media Release Form

Description of Activities: Paintball, High Ropes Course, Low Ropes Course, Climbing Wall, Boating, Basketball, Volleyball, Bonfire, Swimming, Field Games, Disc Golf, Inflatable Water Equipment, Aqua Jump, Aqua Launch, and General Camp Activities.

Sponsoring Church or Organization _____

Date(s) of event _____

Participant Information (To be completed by participant or authorized guardian)

Name of participant: _____ Date of Birth: ____/____/____

Home Telephone: _____ Cell Phone: _____

Emergency Contact _____ Phone number _____

Is sponsor authorized to approve medical treatment? _____ Yes _____ No

Is participant covered by personal/family medical insurance? _____ Yes _____ No

Insurance provider and policy number _____

Please list all medications the participant is currently taking _____

Please list all medical conditions that the participant has _____

General Participation Agreement

In consideration for the opportunity to participate in the above activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent / guardian) promises to indemnify, defend, and hold harmless First Assembly of God and Cedar Grove Retreat or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Media Release

Photographs and/or video and sound recordings of you may be made during your time at Cedar Grove Retreat. You authorize the use of such material by Cedar Grove Retreat and Concord First Assembly for its purposes.

Signature: _____ Date: _____
(Participant or parent/guardian if participant is a minor)

Print Name of Parent or Guardian if participant is a minor: _____

Student Name:

Student Health and Medical Forms

Medical History – Medication Allergies

Student is allergic to Amoxicillin

Yes **No**

Student is allergic to Ibuprofen

Yes **No**

Student is allergic to Penicillin

Yes **No**

Student is allergic to Tylenol

Yes **No**

Student is allergic to another medication

Yes **No**

Explain:

Medical History - Allergy History

Student is allergic to insect stings

Yes **No**

Explain:

Student is allergic to Shellfish, Eggs, Milk, or Peanuts

Yes **No**

Explain:

Student is allergic to other foods

Yes **No**

Explain:

Student is allergic to Poison Ivy, Poison Oak, or Sumac

Yes **No**

Explain:

Medical History - Medications

* Students are responsible to take their own prescription medications

Please indicate if your student is currently taking any medication or will be taking medications during an event.

Yes **No**

If so, please describe:

Medical History - Health History

Asthma

Yes **No**

Has your student been hospitalized in the last year?

Yes **No**

Blood Disorders

Yes **No**

Physical Disability (muscular/coordination)

Yes **No**

Blind / Legally Blind

Yes **No**

Celiac Disease

Yes **No**

Eczema

Yes **No**

Seizure Disorder

Yes **No**

(Previous) Back or Neck injury

Yes **No**

Other medical concerns

Yes **No**

Explain: