

Medical Release Form

This form must be filled out by everyone attending the retreat. Parents must sign for those under 18 years old.

Full Name _____

Date of Birth _____ Age _____ Sex _____ SSN _____

Permanent Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Relationship _____

Phone _____ Alt. Number _____

Insurance Company _____ Policy # _____

Member Name _____

MEDICAL INFORMATION

Allergies (If none, write none) _____

Daily Medication _____

List Any Health Conditions _____

Date of Last Tetanus Shot _____

Medical or Food Allergies _____

MEDICAL WAIVER

I realize that Camp Barnabas does not have medical personnel on site to provide care to the participants and I therefore give permission to the Retreat Leader to select a facility to provide care to me or my child in case of an injury or illness. I give the Retreat Leader permission to select a physician, approve the use of medication, X-rays, anesthesia and/or hospitalize me or my child in case I cannot be reached by telephone. I realize every effort will be made to reach me by telephone prior to administering non-emergency care to me or my child. However, if medical care is deemed necessary and the parent or emergency contact cannot be reached, I give permission to the Group Leader to act on my behalf and select the medical personnel necessary to provide care for me or my child.

To the best of my knowledge, the information given on the Medical Release Form is accurate.

Printed Name of Retreat Guest _____

Signature _____ Date _____

Signature of Parent/Guardian (If Under 18)

_____ Date _____

Retreat Date _____

Consent Form

This form must be filled out by everyone attending the retreat. Parents must sign for those under 18 years old.

As the parent/legal guardian or guest, I have read all of the policies concerning Camp Barnabas and understand and agree to follow and comply with the outlined policies and procedures and act in good faith for the welfare of the people involved. I understand that everyone who attends will be asked to participate fully in all activities and will be expected to abide by all the rules and policies of the Camp. I have been advised of the nature and extent of the activities in which the participants may be involved while at Camp Barnabas.

I understand that activities such as swimming, climbing or rappelling on a high ropes course, canoeing and other outdoor activities will be part of the program and I will have the opportunity to participate in such activities. I understand that participation in camp activities, including but not limited to [list some activities, e.g., hiking, swimming, climbing and rappelling on high ropes course, and other outdoor activities], involves inherent risks that may result in bodily injury, illness, emotional distress, property damage, or other harm. I understand that such risks may be due to the actions, omissions, or negligence of themselves or others, including but not limited to other participants, staff members, or third parties. I affirm that my participation in camp activities is voluntary and that I can ask questions regarding the risks involved. I agree to participate in the activities at their own risk and with full knowledge of the potential dangers involved. By signing this agreement, I, on behalf of myself, my heirs, assigns, and legal representatives, voluntarily assume all risks associated with participation in the camp activities. This includes any risks that may arise from the condition of the facilities, equipment, or any other aspect of the camp environment.

I hereby, and for my heirs, executors, and administrators, assigns and all legal guardians, waive and release any and all rights and claims of any nature I may have against Camp Barnabas, its Directors, employees, Board of Directors, volunteers, campers and cooperating entities for and against any and all injuries and damages of any nature, including death, which I or my child/ward may suffer while taking part at Camp Barnabas or other activities associated with Camp Barnabas. I further understand and assume all risks associated with participating at Camp Barnabas.

I understand that Camp Barnabas is NOT responsible for the loss of clothing or personal property while at Camp. I agree to be responsible for articles of clothing and personal property.

Camp Barnabas has my permission to use pictures taken of me or my child and quotes for fundraising and publicity purposes. Consent is given to Camp Barnabas, its Directors, employees, agents, and cooperating entities to use my name, picture, likeness, writings, or biographical information or audio or video tape recordings of me or my child for use in any media for editorial, educational, promotional, or advertising purposes in furtherance of the purposes and objectives of Camp Barnabas without compensation for such usage.

Printed Name of Retreat Guest _____

Name of Parent/Guardian (If Under 18) _____

Signature _____ **Date** _____

Camp/Retreat Date _____

