

CAMP OAKHURST MEDICAL AND LIABILITY RELEASE FORM

Name of Church or Group _____ Dates attending _____

Last Name _____ First _____
(Camper / Leader / Speaker / Volunteer, etc.)

Address _____ City _____ St _____ Zip _____

In Emergency, notify: _____ Relationship _____
(Parent or Guardian's name if under 18)

Home Phone _____ Work _____ Cell _____

e-mail address: _____

Birthdate _____ Age _____ Gender _____ Allergies _____

Date of last Tetanus Shot _____ Food Restrictions _____

Activity Restrictions _____

Physician _____ Phone Number _____

MEDICAL RELEASE: This health history is correct so far as I know and this person has permission of the undersigned to engage in all camp activities except as noted. In case of illness or injury, Camp Oakhurst has my permission to procure medical treatment for the above named (minor, if applicable). I understand Camp Oakhurst does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any / all such fees and charges arising from illness or injury that may occur.

LIABILITY RELEASE: The undersigned, for himself or herself and on behalf of his or her child(ren) or ward(s) and their personal representatives assigns or heirs, (hereinafter referred to as Releasees,) hereby releases and agrees and covenants not to sue Camp Oakhurst, their owners, directors, stock holders, agents, successors, or any employee, (herein after referred to as Releasees,) from any and all liability for loss, damage, injury, death, or any other claim whatever to the person or property of any guest or participant whether caused by negligence of Releasees or any other person or thing while participating in activities sponsored by or associated with Camp Oakhurst. The undersigned elects to participate and / or allow his or her child(ren), ward(s), to participate voluntarily and assumes all risk of loss, damage, injury or death, known or unknown, foreseen or unforeseen, that may be sustained.

YOU HAVE THE OPTION NOT TO PARTICIPATE OR ALLOW YOUR CHILD, CHILDREN, WARD OR WARDS NOT TO PARTICIPATE IN ANY ACTIVITY WHERE YOU DO NOT WISH TO WAIVE LIABILITY. IT SHALL BE YOUR RESPONSIBILITY TO INSURE THAT YOUR CHILD, CHILDREN, WARD OR WARDS DO(ES) NOT PARTICIPATE IN THE ACTIVITIES FOR WHICH YOU CHOOSE NOT TO BEAR LIABILITY.

The undersigned has read and voluntarily signs this medical release and waiver of all liability.

Signature _____ Date _____
(Parent or Guardian if under 18)

IMAGE AND INFORMATION USE PERMISSION

I give permission to Camp Oakhurst to use images (still photography or video footage) of the above mentioned person for future promotional materials, including but not limited to, brochures and web site postings, without expectation of compensation. I also give permission to Camp Oakhurst to use my mailing and e-mail addresses for Camp Oakhurst mailings and information only.

Yes No

Signature _____
(Parent or Guardian if under 18)

Date _____