

# MEDICAL AND LIABILITY RELEASE

(Please print with blue or black ink only)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE OF CAMP \_\_\_\_\_  
*Print Last Name First Name* CHURCH (through whom registered) \_\_\_\_\_ CITY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL PH. (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

IN EMERGENCY NOTIFY \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

## HEALTH HISTORY:

\_\_\_\_ Drug Allergies \_\_\_\_\_  
\_\_\_\_ Food Allergies/Restrictions \_\_\_\_\_  
\_\_\_\_ Environmental Allergies \_\_\_\_\_  
\_\_\_\_ Insect Stings \_\_\_\_\_

\_\_\_\_ Heart Condition \_\_\_\_\_  
\_\_\_\_ Asthma \_\_\_\_\_  
\_\_\_\_ Seizure Disorder \_\_\_\_\_  
\_\_\_\_ Diabetes \_\_\_\_\_

\_\_\_\_ Behavior/Nervous Disorder \_\_\_\_\_  
\_\_\_\_ Physical Handicap \_\_\_\_\_  
\_\_\_\_ Stomach Problems \_\_\_\_\_  
\_\_\_\_ Recent Injury/Illness \_\_\_\_\_

**Please be advised that our closest hospital is 30 min. away and paramedic response time is 15-30 min. Our elevation is 6,800 ft. for those who have elevation related conditions.**

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions) \_\_\_\_\_

Name, dosage, and frequency of any medications that must be taken regularly, or as needed: \_\_\_\_\_

Any swimming restrictions: Yes \_\_\_ No \_\_\_ Any activity restrictions: Yes \_\_\_ No \_\_\_ What restrictions? \_\_\_\_\_

Date of last Immunization: Tetanus/Dtap/DT/Td \_\_\_\_\_, Polio \_\_\_\_\_, MMR \_\_\_\_\_, TB Date and result \_\_\_\_\_, Chicken Pox Vaccine \_\_\_\_\_, Flu Vaccine \_\_\_\_\_  
(Varicella)

Has had no immunizations (declined) \_\_\_\_\_

Sierra Pine's insurance is only **secondary insurance**. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is in camp.

Do you have Health Insurance? Yes \_\_\_ No \_\_\_ Name of Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_ Policy Number \_\_\_\_\_

## MEDICAL RELEASE:

*In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by Sierra Pines to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the nurse/EMT on duty at Sierra Pines Camp to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release. This form may be copied and given to the counselor if there is information pertinent to the care of your child. If there is a reason that you wish this information to stay confidential, please contact our Sierra Pines Office.*

Health Screen Complete: Yes \_\_\_ No \_\_\_ Medication Administration Record Complete: Yes \_\_\_ No \_\_\_

Parent or guardian's signature \_\_\_\_\_ Relationship to child \_\_\_\_\_

(You may sign your own Release if you are 18 or older)

Print Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Date \_\_\_\_\_

**BOTH SIDES MUST BE FILLED OUT AND SIGNED**

**SIERRA PINES CAMP**

Participation, Release, Waiver & Indemnity Agreement

**WHILE SIERRA PINES CAMP MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED, AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT SIERRA PINES CAMP.**

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at Sierra Pines Camp, and other offsite locations that are a part of the program. These activities include, but are not limited to, swimming in the pool and lake, boating, ropes course, biking, archery, paintball, sledding, and strenuous competition games. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Sierra Pines Camp has taken reasonable steps to provide equipment and skilled employees so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the Camp’s rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Sierra Pines reserves the right to use any audio, video, and/or photography of guests or campers participating in Sierra Pines facilitated events.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Sierra Pines Camp, its officers, board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child’s participation in any activity occurring at Sierra Pines Camp, or other offsite locations. This release does not apply to intentional and/or willful acts of misconduct by Sierra Pines Camp or any of its officers, Board, agents or employees.

Should Sierra Pines Camp, or anyone acting on their behalf, be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold Sierra Pines Camp harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child’s participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Sierra Pines Camp on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

**Parent or guardian’s signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(You may sign your own Release if you are 18 or older)

**Print Name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Camper’s Name** \_\_\_\_\_

SIERRA PINES CAMP, P.O. BOX 70, TWIN BRIDGES, CA 95735, (PHYSICAL ADDRESS: 7169 Sierra Pines Road) PHONE (530) 659-7111 FAX (530) 659-7790

Fill out and return to your church registrar. If you have no church registrar, please bring to camp.

**BOTH SIDES MUST BE FILLED OUT AND SIGNED**