

MEDICAL AND ACTIVITY RELEASE FORM

PARTICIPANT INFORMATION

Participant's Name _____ **Birth date** _____ **Gender:** M or F
last first middle

Home address _____
street address city state zip code

Phone _____ **Email:** _____

PERSON TO NOTIFY if needed:

Emergency Contact #1: Name: _____ **Relationship:** _____

Cell Phone: _____ **Email:** _____

Emergency Contact #2: Name: _____ **Relationship:** _____

Cell Phone: _____ **Email:** _____

Any additional Persons Authorized to Pick up Your Child: _____

MEDICAL INFORMATION

Year of Participant's Last Tetanus Shot: _____

Participant's Physician: _____
Phone: _____

Participant's Dentist: _____
Phone: _____

Allergic to any Medicines? Yes _____ No If so what: _____

Allergic to any Foods? Yes _____ No If so what: _____

Any activity limitations? Yes _____ No If so what: _____

List of other Allergies and reaction type: _____

General Medical History: _____

Pre-existing conditions: _____

Currently taking any medication? Yes _____ No (If yes please fill out a separate medicine/prescription form)

INSURANCE INFORMATION

Insurance Company or Group: _____

Policy #: _____ **Phone #** _____ **Group #:** _____

I (whether the adult participant or parent/guardian giving permission on behalf of a minor) want to participate in the recreation and all other activities offered by Truett Conference Center & Camp (hereafter referred to as Truett), whether on or off the camp property, and sign this release and assumption of risk in consideration of being given the opportunity to engage in any and all activities. Truett will encourage, but not force, participation and endeavors to create a safe environment. **I understand that:**

- (1) The activities can be physically and mentally intense and may require extreme exertion to participate in and that the possibility of injury to others and myself exist.
- (2) The risk of any activity may be significantly increased if I don't follow any/all stated rules.
- (3) Truett will not be responsible in any way for accidental insurance and it is the full responsibility of the participant and their party to cover any medical needs that may arise.
- (4) Some activities may require transportation off the camp property. I give Truett permission to transport my child to and from these activities in the manner they see fit.

I confirm and agree that:

I am aware of and fully assume all risk in any activity I choose to participate in. I also state that I am physically and mentally able to be fully involved in these activities and will comply with all rules, regulations, and proper use of all equipment. In doing so I minimize risk for myself and all others.

By my signature on this page I hereby release, remise, and forever discharge claims and liabilities without limitations that I might have against Truett or their personnel, members, employees, and agents for any and all activities related to camp (wherever located and whenever I might participate). I am indemnifying and releasing them against any and all claims, actions, suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of participating in any camp activity for any reason. I hereby release Truett and all related parties from any and all such liability, and I understand that this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify to the sponsors and property owners that I am in good health and do not suffer from a heart condition or other ailment which could be exacerbated by the exertion involved in participating in any of the recreation and or activities of any kind offered by Truett. Additionally, I assume all risk and expenses of contracting illnesses, viruses, or any other contagious disease from being around the staff, other guests, and any other personnel at camp. My signature below indicates I agree to be bound by this release and assumption of risk for the participant under this agreement.

As part of activities at Truett I accept that any photographs, videos, testimonies, or other media of me may be used in promotional efforts of Truett.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Truett Conference Center & Camp to secure any reasonable treatment by qualified personnel. This treatment may include medication, injections, doctor's visits, hospitalization, evaluations, surgery, and more. I also authorize any trained personnel at Truett to administer medical aid as required for illness or injury under a physician's orders or within the bounds of their training. My signature below is intended to serve as a medical release. Furthermore I release Truett from any lawsuits, civil, or criminal action for seeking treatment for the above participant.

This form shall be valid for one year from the date listed below.

I, _____, on _____ agree to the above statement and
Print Name (as signed below) Today's Date

have filled this form out accurately to the best of my knowledge.

This is fully intended to be a legally binding contract. If I have any doubts concerning any aspect of its contents, I will consult an attorney before signing it.

Signature of Parent/Guardian or Adult Participant:

Relationship to Participant:
