



ANGELES CREST CHRISTIAN CAMP

WINTER CAMP

Medical Information and Release Form

NAME _____ AGE _____ DATE OF BIRTH _____ DATE OF CAMP _____

CHURCH _____ CITY _____ MALE FEMALE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____ EMAIL ADDRESS _____

IN EMERGENCY NOTIFY _____ PHONE (_____) _____

FAMILY DOCTOR _____ PHONE (_____) _____ DATE OF LAST PHYSICAL EXAM _____

HEALTH HISTORY:

_____ Drug Allergies _____

_____ Food Allergies _____

_____ Environmental Allergies _____

_____ Insect Stings _____

_____ Heart Condition _____

_____ Asthma _____

_____ Seizure disorder _____

_____ Diabetes _____

_____ Behavior/Nervous Disorder _____

_____ Physical Handicap _____

_____ Stomach Problems _____

_____ Other _____

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

Date of last tetanus shot: _____ 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? _____

If your child should require medical attention at camp for injuries received or illnesses contracted prior to coming to camp, please send us the information necessary to give your child proper medical service during your child's stay at camp. _____

Medical insurance: Your carrier will be billed for medical charges in case of accident or illness while at camp. Do you have medical insurance? Yes No Please give name and policy number of insurance carrier: _____

Insurance Company _____ 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 Angeles Crest to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the first aid attendant on duty at Angeles Crest Christian 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.

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 _____



ANGELES CREST CHRISTIAN CAMP

Participation, Release, Waiver & Indemnity Agreement

WHILE ANGELES CREST CHRISTIAN 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 ANGELES CREST.

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at Angeles Crest Christian Camps, and on or around Angeles Crest. These activities include, but are not limited to, swimming, Pamper Pole, climbing wall, archery, riflery, competition games, trampoline thing, and zip line. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Angeles Crest Christian 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.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Angeles Crest Christian 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 Angeles Crest Christian Camp or on or around Angeles Crest. This release does not apply to intentional and/or willful acts of misconduct by Angeles Crest Christian Camp or any of its officers, Board, agents or employees.

Should Angeles Crest Christian Camp, or anyone acting on their behalf, be required to incur attorney's fees costs to enforce this agreement, I agree to indemnify and hold Angeles Crest Christian 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 Angeles Crest Christian 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 _____

Print Name _____ Relationship to child _____

Email Address _____