

Truett Conference Center & Camp Medical & Activity Release Waiver

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 endeavors to create a safe environment.

I understand that:

(1) Any activities I choose to participate in may be physically or mentally challenging. Participation may require different levels of exertion. All activities carry an inherent risk of injury to myself and others. If the participant is accompanied by an adult responsible for their care, it is their responsibility to exclude the camper from activities as deemed necessary for the participant’s safety and well-being.

(2) The risk of any activity may be significantly increased if I don't follow any/all stated rules. If a participant is unable to follow instructions to a safe degree, an adult responsible for their care and well-being will accompany them.

(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. 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. Anyone needing supervision to safely engage in activities must be accompanied by an adult responsible for their care and well-being. Truett will make reasonable accommodations for any guests with physical/mental disabilities doing activities facilitated by their staff.

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 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.

While at Truett, I accept that any type of media (including photos, videos, ect.) may be used in Truett promotions.

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 listed participant.

Printed Participant Name: _____ **Today's Date:** _____

Signature of Participant or Legal Guardian: _____

(Guardian of minor participants, please fill out the below section. If the participant is an adult, please skip.)

Printed Guardian Name: _____ **Relationship to Participant:** _____

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 #:** _____