Family Camp Consent & Release Adult

Addit		
First Name - Middle Taikin	Last Name	Birthdate//
First Name Middle Initial	Last Name	Month/Day/Year
 Things you should know about health services where the services where the services where the services where the services are the services where the serv	al ambulance service. It takes at least able to help with your minor health ne amp does not have portable oxygen at ions; please bring what you anticipate	eds. camp. needing.
Please list all known Medical Conditions a	nd Allergies	
Do you have any known medical conditions or a	llergies? □ Yes □ No	
If "Yes", I am allergic to: \Box Food \Box	Medicine ☐ Environment (insect, p	oollen, etc.) 🛘 Other
Medical Condition or Allergy:	Reaction:	
read the information both on this page and what information will be shared with camp staff on a "for managing my health status while at camp.	need to know" basis, and that, as an a	adult, I retain primary responsibility
In the event of an injury at camp, the camper mube seen by the camp approved medical provider medical care. The insurance paperwork must acconfice upon arrival back at camp.	while registered at camp in order for t	the camp to cover the cost of the
I acknowledge that the activities can be of high r release COHUTTA SPRINGS YOUTH CAMP and its SEVENTH-DAY ADVENTISTS from liability in case	employees, agents and the GEORGIA	
I release all photos and videos taken for Cohutta camp regulations and policies and to uphold its o		o support and agree to abide by all
This consent & release shall remain in continuous Youth Camp property. My signature indicates that	-	
Signature	Date	
Should the unforeseen occur, who would you like	us to notify in an emergency?	
Name of Individual:	Relationship to y	ou:

Primary Phone: (_____) Alternate Phone: (_____)