

# Family Camp Consent & Release Adult

_____	Birthdate _____/_____/_____
First Name                      Middle Initial                      Last Name	Month/Day/Year

Things you should know about health services while you are at camp:

1. In case of an emergency, we will call the local ambulance service. It takes at least 15 minutes for an ambulance to get to camp.
2. During your stay, a Registered Nurse is available to help with your minor health needs.
3. Our camp does have an AED at camp. Our camp does not have portable oxygen at camp.
4. Adult participants manage their own medications; please bring what you anticipate needing.
5. There is a walk-in clinic, hospital, and pharmacy available to you in town. These are 5-10 miles from camp.

I hereby acknowledge that Cohutta Springs Youth Camp registration includes limited accident insurance. Health insurance remains the camper's responsibility, i.e. flu, earaches, insect bites, and other personal health issues. I have read the information. I understand my health information will be shared with camp staff on a "need to know" basis, and that, as an adult, I retain primary responsibility for managing my health status while at camp.

In the event of an injury at camp, the camper must inform the camp nurse. If medical care is needed, the camper must be seen by the camp approved medical provider while registered at camp in order for the camp to cover the cost of the medical care. The insurance paperwork must accompany the injured camper to the hospital and be returned to the camp office upon arrival back at camp.

I acknowledge that the activities can be of high risk, potentially dangerous. I, therefore, knowingly accept and agree to release COHUTTA SPRINGS YOUTH CAMP and its employees, agents and the GEORGIA-CUMBERLAND CONFERENCE OF SEVENTH-DAY ADVENTISTS from liability in case of serious injury or death.

I release all photos and videos taken for Cohutta Springs Youth Camp promotions. I do support and agree to abide by all camp regulations and policies and to uphold its objectives.

This consent & release shall remain in continuous effect until revoked in writing or until camper has left Cohutta Springs Youth Camp property. My signature indicates that I've read, understand and agree to the camp's limitations and policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Should the unforeseen occur, who would you like us to notify in an emergency?

Name of Individual: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_