

Medical/Liability RELEASE FORM

Date _____

Name of camper _____
Sex _____ Age _____

Address _____
City, State, Zip _____

Home Phone _____ Email Address _____

Event Attending _____

Medical Release: Should medicine treatment be necessary for any camper, camp personnel will take the camper to a hospital emergency room. Before treatment can be rendered, we must provide them with the medical information and a release form. Please sign below indicating your consent and permission for an authorized agent of Hide and Seek Day Camp to sign an "Authorization for Emergency Treatment" for your child or ward on your behalf should medical treatment be necessary at the time of an emergency that requires immediate care. If such treatment or injury should occur, you will be notified immediately. Please provide us with your insurance company and policy number.

Camper's Doctor _____
Doctor's Phone _____
Camper's Name _____
Insurance Company _____
Policy number _____

Medication: Prescription and non-prescription medication will be administered to campers only if a letter of explanation, including dosages administration instructions (signed by parent or guardian) is on file. If you would like us to administer medication to your child, indicate here _____ and attach a letter of explanation.

Medical History: Please Circle any ailments to which the camper is subject:

Drug reactions (penicillin, etc.)	Sore Throat; Nature	Heart Trouble
Kidney Trouble	Lung Problem	Allergies / Reactions to Stings
Headaches	Other	

Indicate any recent illnesses or injuries. Use the back of this form if necessary.

To the best of my knowledge, the information provided is correct. I know of no reason, physical or otherwise, which should prevent my child's full participation in this camp program. I have provided camp personnel with a written list of activities in which I do NOT want my child to participate.

Parent or Guardian Signature

× _____ Date _____

Release of Liability: SEEK Ministries, Inc. is an adventure challenge camp that provides voluntary participation in strenuous and potentially dangerous activities. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while the rules, equipment and personal discipline may reduce the risk of serious injury does exist: I assume full responsibility for my participation. I willingly comply with the stated and customary terms and conditions of participation: If I however, observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention to the nearest official immediately; and I, for myself, heirs, assigns and personal representative, hereby release and hold harmless SEEK Ministries, Inc., Hide and Seek Day Camp, Mt. Zion Baptist Church, or their officers, agents and/or employees, other participants, sponsoring agents, property owner(s), lessors of premises used to conduct the even ("Release" with respect to any and all injury, disability, death, or loss or damage to personal property.) I have read and understand this release of liability of risk agreement and sign it voluntarily.

Participant Name (printed) _____

Parent or Guardian Signature

× _____ Date _____

Signature of Participant

× _____ Date _____

(If over 18 years of age)

Complete and Bring With You To Check-In