

LIABILITY RELEASE FORM / Release of All Claims
Cathedral in the Pines Church

Name of Participant: _____ Birthdate: ____/____/____ Age: ____ Social Security #: _____-____-____ Address: _____ City: _____ St: ____ Zip: _____	Father's Name: _____ Mother's Name: _____ Father's Phone: _____-____-____ Mother's Phone: _____-____-____ Emergency Phone: _____-____-____
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OFFICE USE ONLY

Date: ____/____/____ Update: ____/____/____ Update: ____/____/____ Update: ____/____/____

We (I), being of 21 years of age or older do for our selves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Cathedral in the Pines Church and the directors thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating with Cathedral in the Pines Church.

Furthermore, we (I) {and on behalf of our (my) child-participant if under the age of 21 years} hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years.)

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate with Cathedral in the Pines Church, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of al medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs and matters related to airport arrangements.

(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

PLEASE NOTE: This form and medical information contained in it will be kept on file by Cathedral in the Pines Church for up to one (1) year, unless otherwise stated by the undersigned Parent/Legal Guardian.

Authorized signature: Parent, Legal Guardian or Participant (if age 21)

Health History:
check & give approximate dates

- ____ Frequent ear infections
- ____ Heart defect / disease
- ____ Convulsions
- ____ Diabetes
- ____ Bleeding/Clotting disorders
- ____ Hypertension
- ____ Mononucleosis
- ____ HIV-AIDS
- ____ TB
- ____ Cancer

Allergies

- Hay Fever Other Drugs
- Ivy Poisoning, etc. Penicillin
- Asthma Insect stings
- Include Details on other side**

Has this participant ever required any psychiatric counseling or hospitalization? Yes No

Explain: _____

Operations or serious injuries (dates): _____

Disability or chronic or reoccurring illness: _____

Activities encouraged or limited by physician: _____

Dietary Modifications: _____

Current Medications [] check if self medication is permitted

*List Medications: _____

*Include instructions for adult sponsors as needed: _____

Name of dentist/orthodontist: _____ Phone: (____) ____ - ____

Name of family physician: _____ Phone: (____) ____ - ____

Do you carry family medical/hospital insurance? Yes No

If so, indicate Carrier _____

Policy or Group # _____ Phone: (____) ____ - ____

Suggestions on health related care for camp personnel _____
