



CAMP EVERGREEN FAMILY WAIVER OF LIABILITY AND RELEASE AND MEDICAL INFORMATION FORM

**ALL FORMS NOT RECEIVED BY FRIDAY, MAY 21, 2010 WILL HAVE TO BE HAND DELIVERED TO CAMP ON
OPENING DAY OF SESSION, NO EXCEPTIONS.**

BEFORE MAY 21, 2010

**PLEASE PRINT, COMPLETE AND MAIL TO:
CAMP EVERGREEN
P.O. BOX 3560
BOONE, NC 28607**

Names of Parents or Guardians: _____

Children's Names and Ages:

Age: _____

Age: _____

Age: _____

Age: _____

Age: _____

Address: _____

Phone Numbers: Home: _____ **; Work:** _____ **; Cell** _____

General Waiver:

The undersigned recognize that there are inherent risks involved in sports, camping and fitness activities. In consideration of the services provided, I on behalf of myself and my children named above, hereby release and hold harmless, Mt. Bethel United Methodist Church, Inc. ("Mt. Bethel"), Northside United Methodist Church, Inc. ("Northside") (Mt. Bethel and Northside are herein collectively referred to as the "Churches"), Evergreen Retreat Center, Inc., doing business as Camp Evergreen (the "Camp"), the owner of the property upon which said activity is conducted, and their directors, trustees, officers, employees, agents and volunteers from any and all liability for injuries, including those resulting in death, and/or illnesses incurred while participating or attending any event or in any facility of the Churches and/or the Camp.

By signing this document, the participant, parent or legal guardian confirms that he or she has authority to sign, has read the entire document and has understanding that the document waives certain rights of the person signing or the participant.

Travel Waiver:

The undersigned hereby consents to and gives permission for the children listed above to participate in activities of the Churches and the Camp, to travel to and from the Camp and participate in the field trips planned as part of the Camp activities. I understand that, by signing this WAIVER, I am giving my express consent and permission for employees of the Camp and/or the Churches to transport me and the children named above to and from the Camp events in the church-owned vehicles, leased vehicles or private vehicles. I understand that transportation is being made available as a courtesy in order to ensure that I or my children have the opportunity to participate in the event; however, I am aware that neither I nor my child is required to accept the transportation being offered. I further understand and agree, for my child and myself, that neither the Churches nor the Camp nor any of their directors, trustees, officers, employees, agent or volunteers shall have any liability for any injury or damage to my child's person or belongings arising out of or relating to transportation of me or my child to or from Camp related events.

Medical Information Form:

Please note that during Family Camping Weekends all children are required to be accompanied by a parent, guardian or another adult who has agreed to be responsible for the child. Parents, guardians and responsible adults will be responsible for the health and safety of the children under their care. The information provided below is given for purposes of medical emergencies when a parent, guardian or responsible adult is not available to provide for medical decisions and care.

If parent or guardian is not available in an emergency, notify: _____

Home Phone: _____

Cell Phone: _____

Office Phone: _____

Other Phone: _____

Relationship to Camper: _____

Do you or any of your children listed above have any of the following allergies? If so, please indicate the name of the parent or children with the allergy:

Penicillin Yes No Name(s): _____

Insect stings Yes No Name(s): _____

Ivy poisoning Yes No Name(s): _____

Hay fever Yes No Name(s): _____

Do you or any of your children have any medical or health problems, or any chronic or recurring illness or illnesses, which would have an effect on the camper's participation in Church and Camp activities?

Yes No If yes, name the person and describe the problem or illnesses.

Name: _____ Conditions: _____

Name: _____ Conditions: _____

Name: _____ Conditions: _____

Name: _____ Conditions: _____

Name: _____ Conditions: _____

Name of insurance company _____

Policy No: _____

Name of policy holder: _____

Please list below any medications which you or any of your children are taking that should be known in the event of a medical emergency.

Name: _____ Medications: _____

Name: _____ Medications: _____

Name: _____ Medications: _____

Name: _____ Medications: _____

Name: _____ Medications: _____

Describe any dietary restrictions we should be aware of:

Other comments or suggestions we should be aware of:

Insurance Claims:

I understand that the neither Mt. Bethel, Northside nor the Camp provides medical or hospital insurance for participants in the Churches or Camp activities.

Medical Treatment Authorization:

I further understand that, in the event my child requires medical or dental treatment while engaged in activities with Mt. Bethel, Northside or the Camp, reasonable efforts will be made to contact a parent or guardian; however, if a parent or guardian cannot be reached, I hereby consent and give permission to the director, trustee, officer, employee, agent or volunteer acting on behalf of Mt. Bethel, Northside or the Camp as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my and my children's medical allergies, medications being taken, medical problems and other pertinent information. If there are any changes, I will notify the Camp.

Photo Release:

The undersigned authorizes Mt. Bethel, Northside and the Camp to use and display any photographs or images of me or my child taken while engaged in activities sponsored by either of the Churches or the Camp in any publication, multimedia production, display, advertisement or other publication. The undersigned releases and forever discharges the Churches and the Camp, as well, as their agents, officers, volunteers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / images.

*This **FAMILY WAIVER OF LIABILITY AND RELEASE AND MEDICAL INFORMATION FORM** is effective throughout the camp session for which I or my child is registered and may not be revoked, altered, amended or avoided at any time.*

Signature of Parent or Guardian Date Signed

Signature of Parent or Guardian Date Signed