

LMCC Participation Information and Release of Liability Form

To be completed by participant or parent/guardian (if under 18 years of age) prior to participation in any camp activities.

Participant Information

Name: _____ Camp: _____ Camp Date: _____

Age: _____ Birth date: _____ Male Female

Address: _____

Parent/Guardian Name: _____

Day phone: _____ Evening phone: _____

Additional Emergency Contact Person: _____

Day phone: _____ Evening phone: _____

Family Physician: _____ Phone number: _____

Insurance Carrier: _____ Policy # _____

Address: _____

Date of most recent Tetanus shot: _____

Do you have any limiting physical disabilities or conditions (temporary or permanent)? Yes No

If yes, identify and explain: _____

Are you currently taking medication (prescribed or otherwise)? Yes No **If yes, see back of form.**

If you want your child to receive any prescription medications you must have a physician's signature. Over-the-counter medications require an authorized guardian signature. See back of form.

Please list any allergies, especially allergic reactions to medications: _____

I give permission for LMCC to use any photo and/or video of me or my family for promotional purposes.

Release of Liability

Therefore, in consideration of LMCC's acceptance of my application to participate in LMCC's Challenge Course program, I, the undersigned, for myself, my heirs, executors, administrators and assigns, do hereby waive and release any and all claims for damages, death, personal injury, loss of property, or property damage that I may have or that may subsequently accrue to me, or to my heirs, executors, administrators or assigns, as a result of my participation in LMCC's Challenge Course. I do further hereby discharge and release in advance LMCC, its employees, agents, representatives, and boards, without limitation, from any and all liability arising out of or connected in any way with my participation in the Challenge Course, even though that liability may arise out of negligence or carelessness on the part of LMCC, its employees, agents, representatives, and boards. We release LMCC, Laurelville staff and the Laurelville board from **all liability** for any injury related to participation in Laurelville directed camp activities.

I have read and understand the above: (Initial here) _____

Medical Permission Agreement

I hereby give LMCC camp staff permission to assume responsibility for securing necessary medical care for the well being of (participant's name) _____ as long as he/she is a participant in the LMCC program. In case of a sudden medical emergency, I give the LMCC staff permission to secure any needed medical or surgical care. I understand that LMCC and its staff are not responsible for any medical expenses incurred.

Participant's Signature (if at least 18 years old)

Date

Parent or Guardian Signature (if participant is under 18 years old)

Date

Please use reverse side for additional information and/or Doctor's signature as needed. Thank you!

Prescription Medications

Any prescription medications which are to be administered to a camper must be so directed in writing by a medical practitioner. For any requests to administer medications, dosages must not exceed recommendations provided.

Medical Practitioner Name: _____ Telephone: _____

Address: _____

Medications and instructions:

Date: _____

Medical Practitioner Signature: _____

Parent/Guardian Signature: _____

Over-the-counter Medications

Any over-the-counter medications which are to be administered to a camper must be so directed in writing by parents/guardians and must include an authorized guardian signature. This includes all medications such as Tylenol, antihistamines, and so forth. For any requests to administer medications, dosages must not exceed recommendations provided.

If there are any over-the-counter medications that the child should NOT receive, they must be listed along with parent/guardian signature.

Comments: _____

Date: _____

Parent/Guardian Signature: _____