



RELEASE WAIVER-HEALTH HISTORY SCREENING

This form is to be completed by **ALL** individuals (aka “participants”) attending camp!

This form should be completed and submitted to the Health Supervisor **within 24 hours** of arrival.

GENERAL RELEASE WAIVER

The undersigned, or on behalf of said minor, has asked Alpine Retreat and Camp (hereinafter “ARC”) to be allowed to participate in activities offered at ARC. Activities may include but are not limited to: archery, rock climbing, zip lining, hiking, and swimming. The undersigned acknowledges that the activities involve physical exertion and other risks; is aware of the possibility of risk of injury to individuals participating or observing the activities, including but not limited to permanent disability including blindness, or death does exist; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any staff member; Understands that it is each participants responsibility to wear any safety gear deemed necessary by ARC; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands actions, causes, of action and rights, (contingent, accrued, inchoate, or otherwise), defends and hold ARC harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorneys' fees and cost) arising out of, or in any way related to the participation in activities at ARC, whether caused by ARC’s active or passive negligence or otherwise.

MEDICAL RELEASE WAIVER

The undersigned also gives permission to the Health Supervisor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes.

***Please complete and sign on the next page...**

RELEASE WAIVER-HEALTH HISTORY SCREENING (continued) EMERGENCY CONTACT INFO

Primary Emergency Contact: Mr. Mrs. Ms. Dr. _____

Relationship to the minor: _____ Day Phone: _____

Evening Phone: _____ Email: _____

Address: _____

City/State/ZIP: _____

Secondary Emergency Contact: Mr. Mrs. Ms. Dr. _____

Relationship to the minor: _____ Day Phone: _____

Evening Phone: _____ Email: _____

Address: _____

City/State/ZIP: _____

Health Information: You may opt out by checking the following statement:

I decline to provide health information.

Describe health conditions requiring medication (include dosage), treatment, special restrictions or consideration while Alpine Retreat and Camp:

Date of last Tetanus shot: _____ List any other immunization and dates: _____

List any allergies: _____

Participant signature. Guardian or parent signature for minors.

Participant (print): _____ Signature: _____ Date: _____

Signing on behalf of minor: _____ Relationship to Minor: _____

Below to be completed by Health Supervisor

Screening to identify evidence of illness, injury, or disease has been completed: YES NO Health Supervisor

(print): _____ Group Name: _____