


# Rhodes Grove Camp – Health and Release Form

Participant Name:	Age:	Date of Birth:	Gender: M F
Name of Camp Week:		Dates of Camp:	
Name of Parent(s)/Guardian(s) (if under the age of 18):			
Address:			1 <sup>st</sup> Phone
City, St, Zip			2 <sup>nd</sup> Phone
Emergency Contact:			Relationship:
Emergency Contact 1 <sup>st</sup> Phone:		Emergency Contact 2 <sup>nd</sup> Phone:	
Name of Family Doctor or Practice			Phone:
Medical Insurance? Y N		Policy or Group #	
Insurance Company Name:			Phone:
<p>Tetanus (Date of Last Booster Shot) ____/____/____ <b>***IMPORTANT!! PLEASE COMPLETE</b></p> <p>Please list any known allergies: (Medication, Food, etc)</p>           			
<p>List any restrictions on physical activity, major illnesses: and list and explain any other information of which to be aware: (Attach additional paper if necessary).</p>                      			
<p><b>Please sign Camping Program Authorization and Release on the Back </b></p>			

# Rhodes Grove Camping Program

## Authorization and Release

- To my knowledge the information that I have provided is correct and the named participant (“Camper”) has permission and is authorized to participate in the camping program of Rhodes Grove (“Camping Program”) except as noted.
- I understand and agree that as part of the Camping Program, the Camper may be transported in motor vehicles both on and off of the grounds of Rhodes Grove Camp for camp approved transportation and activities.
- I grant permission for the Camper to be included in camp photos, audio, and/or video which may be used for promotional purposes.
- I acknowledge and understand that the Camping Program involves a wide variety of formal and informal indoor and outdoor recreational and learning activities and that participation in the Camping Program could result in personal injury or illness to the Camper. With full knowledge of the risks associated with the Camper participation in the Camping Program, I hereby absolve, release and forever discharge and hold harmless Rhodes Grove, its officers, directors, members, employees, and agents, and any individual directly or indirectly involved with the Camping Program from any and all liability for injury or illness suffered by the Camper while participating in or as a result of the Camping Program.
- In the event the Camper should suffer an injury or illness while participating in or as a result of the Camping Program, I hereby authorize and consent to any and all medical treatment which may be determined by a physician, other qualified medical personnel or the officials of the Camping Program to be necessary or desirable for the Camper and hereby authorize the officials of the Camping Program to use their discretion to have the Camper transported to a medical facility for such treatment.
- I understand that if during the Camping Program the Camper has a sickness or injury requiring offsite medical attention, it will be the Camper or Parent/Guardian’s responsibility to pay for any and all charges.
- By signing below, the Camper, and if applicable the parent(s)/guardian(s), acknowledge they have read and understood this Camping Program Authorization and Release.

#1 Signature of Parent/Guardian or Participant if 18 or older:

\_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

#2 Signature of Parent/Guardian:

\_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Form should be signed by ALL persons with legal responsibility for this Camper, including parent(s) and / or guardian(s).*