

Health & Medical Release Form

ADULT FORM (OVER 18)



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What to do with this form?

- Return the form to your Group Leader.
- Camper will be RESTRICTED from all physical activities until completed Health History with insurance information is on file at camp.

Group _____ Camp Dates _____

Please print clearly or type.

Name _____ Male Female

Email _____

Home Phone () _____ Work Phone () _____ Cell () _____

Home address _____

Emergency Contact _____ Phone _____ Relationship _____

Allergies

Please list all medications, dietary, and environmental allergies, along with treatment plan. If Epi-Pin is required please send bring your own prescription to camp.

Camper has no known allergies Camper has known allergies and they are listed below

Allergy	Reaction	Treatment

Dietary Needs

Please check this box if you have food related allergies or dietary needs & have filled out the [Food Allergy Form](#) that has been provided. *In some cases, an additional fee will be charged for special meals.*

Photography & Email Release Waiver

Yes No I give permission to Camp Oakhurst to use quotes, photos, & video footage of the above mentioned person for future promotional materials, including but not limited to, brochures and website postings, without expectation of compensation.
Yes No I also give permission to Camp Oakhurst to use my mailing and e-mail addresses for Camp Oakhurst Mailings and information only.

Signature _____ Date _____

Medical & Liability Release

MEDICAL RELEASE: This health history is correct so far as I know. I realize that by engaging in camp activities injuries can occur without any fault on the part of Camp Oakhurst personnel. I agree to hold harmless and indemnify Camp Oakhurst, its officers, agents, and employees from and against every expense, including attorney's fees, liability, or payment by reason of any damages or injury to person (including death) or property as arises out of or in connection with the camp or conference including the use of Camp Oakhurst property, facilities or equipment.

LIABILITY RELEASE: I, The undersigned, agree for myself, my heirs, and my personal representative to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, Camp Oakhurst, their owners, directors, trustees, agents, successors, insurers, or any employee, (herein after referred to as Releasees,) from and against all claims, demands, actions and liability for loss, damage, injury, death, or any other claim whatever to the person or property of any guest or participant whether caused by negligence of Releasees or any other person or thing while participating in activities sponsored by or associated with Camp Oakhurst. The undersigned elects to participate voluntarily and assumes all risk of loss, damage, injury or death, known or unknown, foreseen or unforeseen, that may be sustained.

YOU HAVE THE OPTION NOT TO PARTICIPATE IN ANY ACTIVITY WHERE YOU DO NOT WISH TO WAIVE LIABILITY. IT SHALL BE YOUR OWN RESPONSIBILITY TO OPT OUT OF ALL ACTIVITIES, & RECREATIONAL COMPONENTS OF THE CONFERENCE FOR WHICH YOU CHOOSE NOT TO BEAR LIABILITY.

The undersigned has read and voluntarily signs this medical release and waiver of all liability.

Signature _____ Date _____