

Woodcrest Retreat - Health and Release Form

Participant Name:	Age:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Name of Parent/Guardian (if under 18)

Address:	1st Phone:
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City, St, Zip:	2nd Phone:
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Emergency contact:	Relationship:
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Phone:	2nd Phone:
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Name of Family Doctor or Practice	Phone:
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Medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy or Group #:
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Insurance Co. Name:	Phone:
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IMPORTANT!! PLEASE COMPLETE!! Tetanus (Date of Shot or Last Booster) ___/___/___
 A current 10 year booster will be accepted.

Please list any known allergies. (Medication, food, etc.)

List any restrictions on physical activity, major illnesses, or injuries; and list and explain any other problems we should be aware of: (Attach additional paper if needed)

Camping Program Authorization and Release

- To my knowledge the above information I have provided is correct and the named participant (“Camper”) has permission and is authorized to participate in the camping program of Woodcrest Retreat (“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 Woodcrest Retreat for camp approved transportation and activities.
- I grant permission for the Camper to be included in camp photo’s, 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 Woodcrest Retreat, 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/Guardians responsibility to pay any and all charges.
- By signing below, the Camper, and if applicable the parent/guardian, acknowledge they have read and understood this Camping Program Authorization and Release.

Signature of Participant (or #1 Parent/Guardian if participant is under 18 years of age):

_____ Print Name: _____ Date _____

#2 Parent/Guardian signature if participant is under 18 years of age:

_____ Print Name: _____ Date _____