



## **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 Mile High Pines Camp (hereinafter "MHP") to be allowed to participate in activities offered at MHP. Activities may include but are not limited to: archery, rock climbing, aeroball, hiking, kayak or canoeing, 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 MHP; 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 waves and releases any and all claims, demands actions, causes, of action and rights, (contingent, accrued, inchoate, or otherwise), defends and hold MHP 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 MHP, whether caused by MHP's active or passive negligence or otherwise.

### **IMAGE RELEASE WAIVER**

The undersigned also gives permission to MHP to use any photographs and video and audio of him/her, or said minor, for any promotional materials, including the MHP web site postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

### **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 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 at

MHP: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

List any allergies: \_\_\_\_\_

\_\_\_\_\_

Participant (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant signature. Guardian or parent signature for minors.

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: \_\_\_\_\_