

Taylor County Holiness Camp Ground, Inc.

Medical & Liability Release Form

(Please Print)

MINOR

Church Information (if applicable):

Church Name: _____

City: _____ State: _____

Church Group Leader Name: _____

Camper Information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Gender: _____

Physician's Name: _____ Phone: _____

Father or Guardian's Full Name: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Mother or Guardian's Full Name: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

EMERGENCY CONTACT

Contact Name: _____

Relationship to Camper: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Email: _____

HEALTH HISTORY

Allergies: _____ Insect Stings _____ Drugs _____ Other Allergies

If you checked any of the conditions above, please give details (include normal treatment of allergic reactions): _____

Conditions: _____ Heart _____ Frequent Colds _____ Chronic Asthma
_____ Diabetes _____ Hay Fever _____ Physical Handicap
_____ Epilepsy _____ Frequent Stomach Upsets

Please explain: _____

Date of last tetanus shot: _____

Any activity restrictions or physical limitations? _____ Yes _____ No

If yes, please explain: _____

Do you have health insurance? _____ Yes _____ No

If yes, name of company: _____

Policy Number: _____ Phone: _____

Address of Company: _____

City: _____ State: _____ Zip: _____

Please indicate any prescription medication your child will be bringing to camp, including written directions for administering. No refrigeration is available; therefore, arrangements should be made in advance with your youth leader to handle medication with this requirement. _____

WAIVER, ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION, AND CONSENT AGREEMENT (“RELEASE”)

I am a parent or legal guardian of the Minor named above who is under eighteen years of age (“Minor”), and I am fully competent to sign this Release. I certify that Minor is in good health, has no mental or physical conditions that would prevent his or her participation in the encampment and/or its recreation activities, and has no condition that requires the taking of medication on a regular basis, except as fully and expressly indicated above. In consideration of Minor being permitted to participate in Taylor County Holiness Camp Ground, Inc.’s (the “Camp’s”) activities and to use the facilities and equipment at the Camp, I, on behalf of myself, Minor, and Minor’s representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns (collectively, the “Minor’s Representatives”), hereby agree to be bound by this Release. I understand that such participation or use entails certain inherent risks to Minor, and I, on behalf of Minor’s Representatives, voluntarily accept all risk to Minor’s health that may result from such participation or use. Therefore, I, on behalf of Minor’s Representatives, hereby agree that Taylor County Holiness Camp Ground, Inc., its respective directors, officers, employees, agents, representatives, related and/or affiliated entities, successors and assigns (hereinafter, “Released Parties”) SHALL NOT BE LIABLE FOR ANY DAMAGES arising from (a) the DISCLOSURE OF MEDICAL INFORMATION contained in this form (if believed necessary by the Released Parties), and/or (b) PERSONAL INJURIES (INCLUDING DEATH), DAMAGE TO OR LOSS OF PROPERTY OR OTHER HARM, whether foreseen or unforeseen, present or future, known or unknown, that Minor may sustain in any way which directly or indirectly results from or arises from Minor’s attendance or participation in the Camp. Furthermore, I, on behalf of Minor’s Representatives, agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against any and all claims, foreseen or unforeseen, present or future, known or unknown, that Minor’s Representatives may have or assert, even if caused in whole or in part by the NEGLIGENCE, FAULT, BREACH OF CONTRACT, STRICT LIABILITY, OR OTHER ACT, CONDUCT OR STATUS of any of the Released Parties. This indemnification includes all costs of defending such claims, including attorneys’ fees, costs, and expenses, whether suit is filed or not.

I further authorize emergency medical treatment to be performed by Camp medical staff and/or attending physicians at a local clinic or hospital to my child in my absence.

This Release contains the entire agreement between the parties, and may be amended only in writing signed by the undersigned and the Released Parties’ representative(s), or their successors. It is not intended to release the Released Parties from any conditions or activity that, as a matter of law, cannot be avoided, waived or released, and no provision hereof should be so interpreted. It is governed by the internal laws of Georgia (even if applicable conflict of law rules would provide otherwise). Its terms are severable. It shall not be strictly construed against any party.

I HAVE READ AND UNDERSTAND THIS RELEASE AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.

Signature of Parent or Guardian (Circle One)

Date