

Permission and Medical Release Form

Complete this form separately for each event or activity involving special considerations (see *Handbook 2: Administering the Church* [2010], 13.6.20), an overnight stay, or travel outside the local area.

Event Details (to be filled out by event planner)		
Event Stake Girls Camp	Date(s) of event June 18-21, 2019	
Describe event and activities (please be specific). Stake girls camp at Camp Holy Wild		
Ward	Stake Cypress	
Event or activity leader Tawna Wagley	Event or activity leader's phone number 281-703-8530	Event or activity leader's email tawna@entouch.net

Participant Information		
Participant	Date of birth	Age
Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Address	City	State/province
Emergency contact (parent or guardian)	Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Medical Information	
Does the participant require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the dietary restrictions.
Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the allergies.
Is the participant taking any medication or over-the-counter (OTC) drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, can the participant self-administer his or her medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please contact the event or activity leader directly.
List all prescription or over-the-counter (OTC) medications the participant is taking	

Physical Conditions That Limit Activity	
Does the participant have a chronic or recurring illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Has the participant had surgery or a serious illness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity (attach additional pages if needed)	

Other Accommodations or Special Needs
Identify any other needs or considerations the participant has that the event or activity planner should be aware of (attach additional pages if needed).

Permission	
I give permission for my child/youth to participate in the event and activities listed above (unless noted) and authorize the adult leaders supervising this event to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this event and travel to and from this event.	event safety rules and other pertinent instructions. Participants' conduct and interactions should abide by Church standards and exemplify Christlike behavior.
The participant is responsible for his or her own conduct and is aware of and agrees to abide by Church standards, camp, or	Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if they behave inappropriately or if they pose a risk to themselves or others.
Participant's signature	Date
Parent or guardian's signature (if necessary)	Date

Camp Holy Wild

Guest Registration Form

Personal Information

Name of Group: _____

Name: _____ Age: _____ D.O.B: _____ Sex: M or F

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Health Record

(all blanks must be filled in)

1. Any known allergies? _____

2. Allergic to any medications? _____

3. Any physical disabilities or limitations? _____

4. Any recent illness or injury? _____

5. Date of last tetanus shot? _____

6. Emergency Contact? _____ Phone: _____

7. Name of physician? _____ Office Phone: _____

8. Insurance Company? _____ Case/Group #: _____

9. Name of Insured? _____ Phone: _____

Medical Release

I, _____ as myself or a parent/guardian of _____
release Camp Holy Wild, its agents, and employees from any claims or causes of action arising from or
connected with attendance at Camp Holy Wild, New Caney, Texas. .

“except to the extent that they are caused by the negligence of Camp Holy Wild, its agents and employees.”

I further agree that Camp Holy Wild, its agents, and employees are authorized to provide such medical care
as may be necessary in their judgment during attendance at Camp Holy Wild.

Camper/Guardian Signature: _____ Date: _____

Media Release

(permission for photo/video)

I understand that as a participant at Camp Holy Wild, I or my child may be photographed or videotaped
during normal activities and these photos/videos may be used in promotional materials including but not
limited to Camp Holy Wild's website, printed materials, and Facebook.

Camper Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Camp Holy Wild

Child Tower Consent/Liability Form

Please read this form and sign it so that your camper(s) may participate in the zipline, giant screamer swing, and rockwall activities. Since many campers decide to sign up for this activity after arriving at camp, please fill out this form before sending your child to camp to ensure that your camper(s) may participate.

I am aware and understand that participating in the zipline, giant screamer swing, and or rock climbing activities involves a potential risk of physical injury, and I fully understand that the activities are physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my child(ren)'s participation and for my child(ren)'s physical and emotional wellbeing. I am aware and understand that all of the activities are strictly voluntary, and after due consideration of my child(ren)'s physical health, physical abilities, and medical condition, it is my own choice and that of my child(ren) to participate in each activity to whatever degree I deem appropriate. I willingly and knowingly accept liability for all risks of physical injury and/or emotional upset which may occur during or after participating in any aspect associated with such activities on behalf of my child(ren), myself, my heirs, family members, executors, and administrators and I hereby agree to hold Holy Wild Ministries, Inc., its employees, its instructors, facilitators, and agents harmless from any liability arising out of my child(ren)'s participation in said activities. ***“except to the extent that they are caused by the negligence of Camp Holy Wild, its agents and employees.”***

Should Holy Wild Ministries, Inc. or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold Holy Wild Ministries, Inc. harmless for all such fees and costs. . ***“except to the extent that they are caused by the negligence of Camp Holy Wild, its agents and employees.”***

I have had sufficient opportunity to read this entire document. I have read and understand it and I agree to be bound by its terms.

(Name of Child)

(Date)

(Parent/Guardian Signature)

(Date)

YOU MAY REPRODUCE THIS FORM AS NECESSARY
(ONE FOR EACH PARTICIPANT)

last updated 02/05/2015 pk