

# PILGRIM POINT

camps & retreats,

A Ministry of the MN Conference United Church of Christ

## Health & Medical Release Form

(Complete one form per camper—BOTH sides—Must be submitted 3 weeks before camper's arrival)

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Grade exiting \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Church \_\_\_\_\_  
 Parent's name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Parent's name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Camper email \_\_\_\_\_ Week Attending \_\_\_\_\_

### EMERGENCY INFORMATION

Alternative persons to be called in case of an emergency:

Name	Phone	Relationship

### CHILD RELEASE INFORMATION

List others, beside parents, AUTHORIZED to pick up child

Name	Phone	Relationship

### INFORMATION REQUIRED BY STATE LAW

Health Ins Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

### VACCINES (approximate date immunized)

DPT \_\_\_\_\_ Measles \_\_\_\_\_

Tetanus \_\_\_\_\_ Mumps \_\_\_\_\_

Oral Polio \_\_\_\_\_ Rubella \_\_\_\_\_

### MEDICAL INFORMATION PAST OR PRESENT (please check)

Asthma	___ Yes ___ No	ADD/ADHD	___ Yes ___ No	Measles	___ Yes ___ No
Heart Defect/Disease	___ Yes ___ No	Head Lice (recent)	___ Yes ___ No	German Measles	___ Yes ___ No
Recent Hospitalization	___ Yes ___ No	Bed-wetting	___ Yes ___ No	Other Diseases/Conditions	___ Yes ___ No
Currently under Dr. care	___ Yes ___ No	Sleepwalking	___ Yes ___ No	_____	_____
Seizures	___ Yes ___ No	Tuberculosis	___ Yes ___ No	_____	_____
Diabetes	___ Yes ___ No	Chicken Pox	___ Yes ___ No	_____	_____

For each X Yes, please explain: \_\_\_\_\_

### ALLERGIES (please check)

Hay Fever	___ Yes ___ No	Bee Stings	___ Yes ___ No	Penicillin	___ Yes ___ No
Oak/Ivy Poisoning	___ Yes ___ No	Bringing Bee Sting Kit?	___ Yes ___ No	Other Drugs	___ Yes ___ No
Foods	___ Yes ___ No	Other insects or animals	___ Yes ___ No	Other Allergies	___ Yes ___ No

Please list any other allergies, including food allergies: \_\_\_\_\_

Current Medications to be continued at camp (dosage/frequency): \_\_\_\_\_

Dietary Restrictions \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Any reason to restrict full activity including swimming, long hikes, strenuous physical games? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

### NON-PRESCRIPTION MEDICATIONS (I AUTHORIZE THE FOLLOWING MEDICATIONS TO BE ADMINISTERED AS NEEDED)

Tylenol	___ Yes ___ No	Bernadryl	___ Yes ___ No	Pepto Bismol	___ Yes ___ No	Neosporin	___ Yes ___ No
Chloraseptic	___ Yes ___ No	Cough Drops	___ Yes ___ No	Ibuprofen	___ Yes ___ No	Calamine Lotion	___ Yes ___ No

Note: These items will be provided by PPC and only administered if parent/guardian has given approval.

Camper's Name: Last

First

Camp:

## Suggested : Health Examination by Licensed Physician

ALL CAMPERS ARE SUGGESTED TO HAVE WRITTEN CONFIRMATION OF A HEALTH EXAMINATION WITHIN 24 MONTHS OF ATTENDING PPC.

I have examined the child named on this form within the past two years. Date Examined: \_\_\_/\_\_\_/\_\_\_

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

The applicant is under the care of a physician for the following condition/s: \_\_\_\_\_

The following activities should be limited by physician's advice: \_\_\_\_\_

The following activities should be encouraged by physician's advice: \_\_\_\_\_

The following treatment or medications to be continued at camp (please give specific dosages): \_\_\_\_\_

Additional health information: \_\_\_\_\_

Licensed Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Form Completion: \_\_\_\_\_ By: \_\_\_\_\_

### PARENT'S AUTHORIZATION

This health history is correct, so far as I know, and the person/camper herein has permission to engage in all prescribed program activities. I give permission to the physician selected by Pilgrim Point Camp (PPC) to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by PPC to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named here. We recognize that the participant must follow safety instructions, remain in areas designed by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees. Photos or video of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize PPC staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### MEMO OF UNDERSTANDING (To be read, understood and signed by Camper and Parent)

We welcome you to Pilgrim Point Camp summer program. In order to provide the best possible camp experience for every camper and leader, there are certain rules and policies that have been established for the health and safety of all involved.

1. The camper agrees to abide by the rules and regulations set by the camp for the health, safety and welfare of all campers.
2. Campers are not allowed to use tobacco, possess any smoking materials, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept under the control of the Health Officer.
4. Campers are not to possess or use firecrackers or explosives, nor possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the camper's parent.
6. Campers may not leave camp property or established boundaries without PPC staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, bullying, and sexual harassment/intimidation may result in IMMEDIATE DISMISSAL FROM CAMP WITH NO REFUND.
8. Pilgrim Point Camp is not responsible for articles of clothing or personal belongings lost or damaged.

We reserve the right and WILL send ANYONE home (at parent's expense and liability) who violates these rules. PPC staff reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the camper. I have read, understood and will abide by the rules as stated above throughout my stay at camp. Signed:

Camper \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**TRANSPORTATION, OTHER FACILITIES & IMAGE RELEASE**

Permission. The undersigned, individually, jointly and severally (“we”), hereby give permission for and authorize transporting ourselves and/or our child or children, namely \_\_\_\_\_, between Pilgrim Point Camp, which is a ministry of the Minnesota Conference of the United Church of Christ (hereinafter the “Conference”), and Luther Crest Bible Camp (“Luther Crest Camp”), which camps are approximately 1.5 miles apart, during the upcoming High School Camp at Pilgrim Point Camp (hereinafter “Camp”) by a bus contracted for or owned and operated by Luther Crest Bible Camp Association, a Minnesota nonprofit corporation doing business as Luther Crest Bible Camp. We also hereby give permission for and authorize our child or children to participate in any and all Camp activities that may be conducted at, and to use any and all equipment and facilities located at or provided by, Luther Crest Camp. We understand and agree said equipment and facilities include, without limitation, a high ropes challenge course, and are the property of, and use of which will be supervised by, Luther Crest Association and not the Conference.

Release. We acknowledge and agree participation in the Camp and its activities and programs, including the above-referenced transportation and use of Luther Crest Camp’s equipment and facilities, entail certain inherent risks, including, but are not limited to, the risks of serious injury and even death. We hereby acknowledge that We and our child or children are voluntarily participating in the Camp and its activities and that We, on and for both our own and their behalf, knowingly assume all such risks. We hereby waive, release, and discharge Pilgrim Point Camp and the Conference, along with their officers, directors, employees, agents, and representatives, from and against any and all causes of action, claims, damages, injuries, liabilities, and/or losses for any personal injury and/or property damage we and/or our child or children may suffer while traveling to and/or from Luther Crest Camp or in the course of participating in any Camp activity that is held at Luther Crest Camp and/or involves use of any Luther Crest Camp equipment or facilities, including, without limitation, use of Luther Crest Camp’s high ropes challenge course. We make this release on behalf of ourselves, our child or children, and our and their respective assigns, beneficiaries, estates, heirs, trusts, and successors.

Medical Care Authorization. In the event that We and/or any of our child or children are injured while being transported or in connection with any Camp activity and need medical care or treatment, we consent to any reasonable medical treatment as deemed necessary by a licensed physician, emergency responder, or health care facility. In the event any medical treatment is called for that a physician, emergency responder, and/or medical treatment facility refuse to administer without our consent, We hereby authorize an adult leader associated with the Camp or with Luther Crest Camp to give such consent for us if We cannot promptly provide such consent, either in person, by telephone at one of the numbers listed below, or if, because of an emergency, there is not sufficient time or opportunity to so contact us for such consent. In the event it becomes necessary for such person to give consent for us, We agree to hold such person and the Conference free and harmless from and against any and all causes of action, claims, demands, injuries, liabilities, and/or losses in any way arising from, connected with, or related to the giving or not giving of consent, so long as the treatment is administered by or under the supervision of a licensed physician, emergency responder, or medical treatment facility. We

also acknowledge that We will be ultimately responsible for the cost of any medical care, whether or not covered, made, or reimbursed by our health insurance carrier or any other third party.

Permission to Use Images. We understand photographs, videos, and other recordings of images or voice may be taken of ourselves and/or our child or children during or in connection with the Camp, such as, without limitation, by the Conference and/or persons not associated with the Conference. We hereby voluntarily authorize and permit the Conference and persons acting on its behalf to take photographs, videos, or otherwise record images and/or the voice of ourselves and our child or children, individually or together, and We hereby authorize and grant the Conference and such persons the perpetual, royalty-free, and irrevocable right and license to reproduce, publish, and use the identity and/or voice of ourselves and/or our child or children and make any other uses of such photographs, videos, or other recordings for any of its purposes, including, without limitation, in displays, newsletters, presentations, publicity materials, websites, and other publications. We hereby waive, release, and discharge Pilgrim Point Camp and the Conference, along with their officers, directors, employees, agents, and representatives, from and against any and all causes of action, claims, damages, injuries, liabilities, and/or losses in any way arising from, connected with, or related to any such photographs, videos, or other images and their uses, including, without limitation, any expectation and/or right to inspect or approve any of said photographs, videos, or other recordings and any privacy, confidentiality, and/or publicity interests, rights, or expectations that We and/or our child or children may have or be entitled to in our identities and/or such photographs, videos, or other recordings.

Indemnification. We hereby indemnify, hold harmless, and agree to defend Pilgrim Point Camp, the Conference, and their officers, directors, employees, agents, and representatives free and harmless from and against any and all causes of action, claims, damages, injuries, liabilities, and/or losses in any way arising from, connected with, or related to transportation of ourselves and/or our child or children between Pilgrim Point Camp and Luther Crest, our and/or our child or children participating in any Camp activity held at Luther Crest Camp or using any Luther Crest Camp equipment or facility, or the taking or use of any photographs, videos, or other recordings taken in connection with the Camp. These indemnification and hold harmless terms shall apply and be fully enforceable even if such injury or damage arises out of the negligence of Pilgrim Point Camp, the Conference or any of their officers, directors, employees, agents, and/or representatives and shall include, without limitation, such parties' reasonable attorney's fees associated therewith.

The undersigned state and agree We are the only parent(s) or legal guardian(s) of the above-named child or children, We have received sufficient good and valuable consideration for each of the release, permission, indemnification, and other commitments We make through this document, and references herein to "We", "our", "ourselves", and the like mean the parent(s) or guardian(s) of the above named child or children, jointly and severally, and also apply to our and our child(ren)'s respective assigns, beneficiaries, estates, heirs, representatives, trusts, and successors.

Signature of Parents and Guardians:

	_____	_____
Printed Name(s):	_____	_____
Date of Signature(s):	_____	_____
Phone Numbers:	_____	



**Luther Crest Bible Camp**  
8231 County Road 11 NE  
Alexandria, MN 56308  
Phone: (320) 846-2431

## **Luther Crest Bible Camp Challenge Course Waiver and Release**

### **Important Information**

Luther Crest Bible Camp is committed to providing participants with programs and activities in a safe manner and holds the safety of participants in the highest regard. Luther Crest continually strives to reduce such risks and insists all participants follow safety rules and instructions designed to protect participants' safety. However, participants and parents/guardians must recognize that there is an inherent risk of injury when choosing to participate in challenge course activities.

### **Assumption of Risk:**

The challenge course consists of challenging activities intended to engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, professional training, medical advice, conditioning and equipment, there is still a risk of serious injury. Understandably, not all hazards and dangers associated with the challenge course can be foreseen and it must be recognized that it is impossible for Luther Crest Bible Camp to guarantee absolute safety.

I recognize and acknowledge that there are certain risks of physical injury to participants within the challenge course program and I voluntarily agree to assume the full risk of any injuries, damages, or loss regardless of severity that I or my child may sustain as a result of participating in any and all activities connected to the challenge course.

### **Waiver and Release of Liability and Claims:**

By signing this waiver, I agree to defend, indemnify, and hold Luther Crest, their officers, directors, officials, employees, volunteers, and agents harmless against any and all liability, loss, expense, including reasonable attorney's fees, or claims for injury or damages arising out of my or my child's participation in the challenge course.

### **Marketing and Photography Agreement:**

Luther Crest Bible Camp takes photos and videos of the camp's programs and participants. By signing this waiver, I agree to give permission to Luther Crest to use these photos and video in publications, marketing resources, and on Luther Crest's website. All photos and video are the property of Luther Crest.

I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all liability and claims, and photo/video permission. **PARTICIPATION WILL BE DENIED** if the signature of adult participant or parent/guardian is not on this waiver. Each participant must present a waiver during the time of program registration.

**Name of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Signature (Parent/Guardian if under 18):** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_