



Summer Camp Health Agreement & Liability Release

Camper Information

Name: (First) (Last) Gender: Male Female

Address: (Street) (City) (State) (Zip)

Date of Birth: (Month) (Day) (Year)

Camper Emergency Contact Information

Name: Name:

Relationship to Camper: Relationship to Camper:

Daytime Phone: Daytime Phone:

Cell Phone: Cell Phone:

Camper Medical History

Does he/she have any allergies to medications, food, etc? Yes No Please list:

Does he/she carry an Epi-pen for allergies? Yes No

Does he/she currently take any prescription medications? Yes No Please list:

Does he/she have any chronic health concerns? Yes No Please explain:

Has his/her physical activity been restricted during the past five years? Yes No Please explain:

Additional medical information we should know:

Camper Insurance Information

Health Care Provider:

Name of Policyholder:

Policy Number:

Primary Care Physician: PCP Phone #:

Is your policy a: HMO or PPO Phone number for approval:

Please complete waiver ON THE BACK of this form

**Waiver, Release, Indemnify, Hold Harmless and Permission to Secure Treatment Agreement**

Trinity Christian College is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of its participants in the highest possible regard. Participants registering themselves or parents/guardians registering their child/ward in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. Trinity Christian College continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants' safety.

Please recognize that neither Trinity Christian College nor the summer camps program carry medical insurance for injuries sustained by participants. The cost of such insurance would make program fees prohibitive. Therefore, participants registering themselves or parents/guardians registering their child/ward for the Trinity Christian College summer camps should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make Trinity Christian College nor the summer camps program responsible for payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for Trinity Christian College REQUIRES the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the Trinity Christian College summer camps programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of these programs. If the camps participant is a minor, this form must be signed by a parent or guardian.

**Waiver and Release of All Claims**

As a participant in the Trinity Christian College summer camps program, I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such camps.

I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the camps against Trinity Christian College and its directors, officers, trustees, agents, servants and employees.

I do hereby fully release and discharge Trinity Christian College, the summer camps program, and their respective directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my child/ward may have or which may accrue to me on account of my participation.

I further agree to indemnify and hold harmless and defend Trinity Christian College, the summer camps program, and their respective directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damages and losses sustained by me or my child/ward or arising out of, connected with, or in any way associated with the activities of the programs.

**Permission to Secure Treatment**

In the event of an emergency, I authorize Trinity Christian College officials and /or summer camps officials to secure treatment from any licensed hospital, physician, and/or medical personnel, and/or any treatment deemed necessary for my or my child's/ward's immediate care and I agree that I will be responsible for payment of any and all medical services required.

I have read and fully understand the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment, and all information supplied by me is accurate and current to the best of my knowledge.

SIGNATURE: \_\_\_\_\_  
(Signature must be of parent or guardian if camp participant is a minor)

PRINT NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)

RELATIONSHIP TO CAMP PARTICIPANT: \_\_\_\_\_  
(Parent/Guardian, Self, etc.)