

Camp Carl

Activity Release Form

(We **must** have one signed copy for each individual who participates in an activity)

DISCLOSURE

Camp Carl's programs involve a variety of activities that may be active and rigorous in nature. (The level of participation in a Camp Carl program activity is at all times completely to the individual's choice.) Yet, there is a risk, which must be assumed by each participant that he or she may suffer an emotional or physical injury, disability, or loss of life.

Policy for participation in these activities requires certain health/medical information be made known to the instructor(s) conducting the programs, so that they are prepared to respond appropriately should the need arise. This information will be held in confidence. Please complete the form and return it to the Camp Carl staff member facilitating the event in which you are participating.

PARTICIPANT INFORMATION

1. Participant's name _____
2. Does participant have insurance? Yes No If yes, indicate name of company _____

3. Does the participant have limiting physical disabilities/handicaps (temporary or permanent)? _____

4. Is the participant currently taking medication (prescribed or over the counter)? Yes No If yes, state what medication the participant is taking and why _____

5. Does the participant have any allergies, reactions to medication, or any medical/physical limitations?
 Yes No If yes, please explain _____

RELEASE STATEMENT

I understand that parts of these activities may be physically or emotionally demanding. I affirm that I (or the participant) am in good health and am not under a physician's care for any undisclosed condition that bears upon my (or their) ability to participate in this activity. I recognize the inherent risk of injury or disability and understand that each participant must assume the risk of physical injury that could result. I release The Chapel/Camp Carl, First Friends, RiverTree, their staff members, and Board of Trustees from any liability for any injury resulting from participation in these activities.

Signature (Parent/Guardian if Participant is under 18)

Phone

Participant's Signature (if 18 or older)

Date