

Medical and Liability Release

Please be sure to read and understand this document and then sign and date both shaded areas at the end of this page

I agree to allow the ALLIANCE REDWOODS CONFERENCE GROUNDS Health Care Staff to render care to, arrange transportation for and administer over-the-counter medications to, the named minor, within the Staff scope of practice, and as deemed beneficial to the health and well-being of the named minor. I further agree that the over-the-counter and prescription medications, brought to camp will be collected by and then only administered by, the ALLIANCE REDWOODS CONFERENCE GROUNDS Health Care Staff, in accordance with all applicable prescriptive direction and/or on an as needed basis. No medications having reached an expiration date will be accepted or administered.

In the event I cannot be reached by phone at the time of an injury or illness to the named minor, I hereby give, as parent/legal guardian, my permission to the doctor selected by the ALLIANCE REDWOODS CONFERENCE GROUNDS to hospitalize, access and procure necessary medical records, and secure appropriate treatment, including but not limited to, injections, anesthesia, testing, radiology, or surgery for the named minor as deemed necessary. Medical insurance coverage by the ALLIANCE REDWOODS CONFERENCE GROUNDS' insurer is secondary to your medical insurance policy, and available only following the usage of your policy to the limit of your policy coverage or if you have no medical insurance of your own.

I understand that in signing this form that I am providing both a Medical and Liability Release to the ALLIANCE REDWOODS CONFERENCE GROUNDS for the minor named on the front page. I hereby acknowledge that during his/her attendance at a camp session certain risks exist, which may be known or unknown at this time, and may result in physical injury or illness. In signing this Liability Release, I assume full responsibility for mitigation of such an incident, and I am granting permission for the participation of the named minor in all session related activities, unless specifically noted on this form. This release is intended to stand on the behalf of the named minor, and in place of all claims by any family member or agent. These releases of ALLIANCE REDWOODS CONFERENCE GROUNDS shall be in effect only for the duration of the camp session as indicated, and only while the named minor is on the grounds of ALLIANCE REDWOODS CONFERENCE GROUNDS, and/or under the direct supervision of ALLIANCE REDWOODS CONFERENCE GROUNDS employees.

I agree that, in the event of dispute between myself as guest or parent/legal guardian of, or on behalf of, the named minor, I will submit to arbitration by an organization sanctioned for this purpose, in lieu of pursuing litigation in a court of law. I further agree as parent/legal guardian, to absolve and hold harmless the ALLIANCE REDWOODS CONFERENCE GROUNDS a Non-profit Corporation, its Board of Directors and Trustees, agents and employees against liability for; damages, losses, or injuries or illnesses to; myself, my property, or the named minor.

Non-compliance with disclosed behavioral standards and instructions, written or oral, may result in disciplinary actions, up to and including, being asked to remove the named minor from the grounds. Anyone asked to leave the grounds shall forfeit all camp fees previously paid, while remaining liable for any fees due.

I hereby give my permission to the ALLIANCE REDWOODS CONFERENCE GROUNDS to use photography of the named minor taken while on the grounds for promotional purposes.

School/Church Name: _____

Student's Name, First and Last, Please Print: _____

Please sign here:

Parent/Legal Guardian: _____ Date: _____

Please check one of the following options and sign box below.

- I will be transporting the named minor to and from ALLIANCE REDWOODS CONFERENCE GROUNDS
- The following person or organization has my permission to receive and transport the named minor from the care and facilities of the ALLIANCE REDWOODS CONFERENCE GROUNDS at the conclusion of the camp session as indicated.

Please fill in name of approved person/organization: _____

Please sign here:

Parent/Legal Guardian: _____ Date: _____

ARCG Medical Form

For office use only

CABIN # _____

Please complete both sides and sign the shaded areas on the back of this form in ink.

SCHOOL _____ Start Date _____ End Date _____

Minor

Name _____ Age _____ Birth date _____

Primary Parent or Guardian

Name(s) _____

Home Address _____ City _____ ST _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

Occupation _____ Employer _____

Additional Emergency Contact Person in Case the Above Cannot Be Reached

Name(s) _____

Home Address _____ City _____ ST _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

Occupation _____ Employer _____

Health Care Provider

Medical Insurance Company _____ Policy # _____

Physician or Clinic Name _____ Phone # _____

Dental Insurance Company _____ Policy # _____

Dentist or Orthodontist Name _____ Phone # _____

Health History

Last Tetanus Shot ____/____/____

Please indicate any condition(s) which apply:

Diabetes _____ Headache _____ Heart Condition _____

Seizures _____ Nosebleed _____ Other _____

Asthma _____ Fainting _____

Other Medical Problems _____

Please indicate any allergies : Food _____ Insect _____ Drug _____

Name and dosage of any medication that must be taken: _____

Condition requiring medication _____

Over the counter and/or prescription medications to avoid _____

Physical disabilities _____

Restriction of activities _____