

<b>Alliance Redwoods Minor Medical Form</b>				
Group Name (e.g. school or church):				
Minor Full Name (first, middle, last):			Date of Birth:	
<b>Primary Emergency Contact</b>				
Guardian Name (first, middle, last):				
Address:		City:	State:	Zip:
Home #:	Work #:	Occupation/Employer:		
<b>Additional Emergency Contact</b>				
Name (first, middle, last):				
Address:		City:	State:	Zip:
Home #:	Work #:	Occupation/Employer:		
<b>Health Care Provider</b>				
Medical Insurance Co:		Policy #:		
Physician or Clinic:		Phone #:		
Dental Insurance Co:		Policy #:		
Dentist or Orthodontist:		Phone #:		
<b>Health History</b>				
Indicate any conditions which apply:				
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Asthma	<input type="checkbox"/> Back/Neck Injuries	
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Headaches/Migraines	
<input type="checkbox"/> Other (please state):				
Last Tetanus Shot:				
Restriction of Activities:		Physical Disabilities:		
<b>Allergies</b>				
Food	Drug	Environment	Other	
<b>Medication</b>				
Condition requiring medication:				
Medicine and Dosage:				
OTC Medications to avoid:				
<p><b><u>Medical Waiver and Release of Liability on Page 2</u></b></p> <p><b><u>*Signature Required*</u></b></p>				

# Alliance Redwoods Medical Waiver and Release of Liability

*Please be sure to read and understand this document and sign and date at the bottom of this page*

## Medical and Liability Release

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.

## Participant Waiver and Liability Release

In consideration of The Alliance Redwoods Conference Grounds furnishing services and/or equipment and/or using my own equipment to enable me to participate in ropes course, biking, kayaking, canoeing, rock climbing, skateboarding, inline skating, scooters, paintball games or any other activities, I agree as follows:

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT:

- A) Risks and dangers exist in my use of the equipment and my participation in the activities stated above;
- B) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability;
- C) These risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of The Alliance Redwoods Conference Grounds; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; but not limited to, guide decision making, including that a guide may misjudge terrain, weather, faulty equipment, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe or kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment;
- D) And by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of owners, agents, officers, or employees of The Alliance Redwoods Conference Grounds, or by any other person.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify The Alliance Redwoods Conference Grounds and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in any of the activities stated above, or any other activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of The Alliance Redwoods Conference Grounds.

I have read this waiver and release of liability and by signing it agree, it is my intention to exempt and relieve The Alliance Redwoods Conference Grounds from liability for personal injury, property damage or wrongful death caused by negligence or any other cause. I also understand that in signing as a parent or guardian in the event of an emergency if I can not be reached, I hereby give permission to the physician selected by The Alliance Redwoods Conference Grounds staff to hospitalize or to secure proper treatment, order injections, anesthesia or surgery for my child.

**Signature (Parent or Guardian must sign for campers under 18 years of age.)**

PRINT Camper Name:

School or Group Name:

PRINT Parent or Guardian Name:

Signature of Parent or Guardian:

# Alliance Redwoods Conference Grounds

6250 Bohemian Highway, Occidental, CA 95465 | 707-874-3507

Sonoma Canopy Tour Ziplines! Call to book 1-888-494-3507

## Minor Medication Procedures Form

**ONLY** fill out this form if a minor is bringing medications to Alliance Redwoods.

- Medication(s) should be brought to camp in a plastic Ziploc bag with the below form in the bag.
- Label the plastic bag with group/school name and minor's name.
- Do not bring any LOOSE PILLS OR MIXED PILLS.
- Medication must be in its original container/bottle.
- Do not send Tylenol, Advil, cough drops or any first aid supplies as the Health Services Team will provide these to minors as needed.

If you have any concerns or questions, please call Alliance Redwoods at 707-874-3507. Thank you!

**Medication Check-In For:** \_\_\_\_\_

(Minor's Name)

Group/School Name: \_\_\_\_\_

Dates of Camp/Retreat: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Contact: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Name of Medication:	Please Check:	Details of Dosage & Time(s):
	<input type="checkbox"/> Taken As Needed <input type="checkbox"/> Taken Daily	
	<input type="checkbox"/> Taken As Needed <input type="checkbox"/> Taken Daily	
	<input type="checkbox"/> Taken As Needed <input type="checkbox"/> Taken Daily	
	<input type="checkbox"/> Taken As Needed <input type="checkbox"/> Taken Daily	

Are you sending an Epi-Pen?

No  Yes, the Epi-Pen is for: \_\_\_\_\_

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## Special Meal Request Form

We are excited to offer our guests a variety of food options during our meal services.

Please check below if you would like **one** of the options at every meal throughout the length of your stay:

**Gluten Free Meals**

OR

**Vegan Meals** – Dairy Free, Egg Free, Peanut Free, Tree Nut Free

OR

**Vegetarian Meals**

OR

**Regular Menu- This form does NOT need to be submitted**

A \$3.00 per meal per person charge will be added to your group's invoice.

Please arrange payment through your group leader or teacher.

- Feel free to bring your own food, which will be stored in the Main Office.
- We do not serve or allow peanuts, peanut butter, tree nuts, or shellfish in our Dining Hall.
- **All guests with airborne allergies must bring their own food**, which will be stored and consumed outside of the Dining Hall.
- You will receive a wristband when you check in with your leader or teacher.
- **When you choose to eat from our standard menu, knowing your allergy restrictions, you do so at your own risk.**

Guest/Camper Name: \_\_\_\_\_

Group/School Name: \_\_\_\_\_

Dates of Camp/Retreat: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Please return this form to your group leader or teacher at least, **3 WEEKS PRIOR TO YOUR ARRIVAL.**

An example of our menu can be found on our website for reference.

If you have any concerns or questions, please call Alliance Redwoods at 707-874-3507. Thank you!