



STONE FORT ENCAMPMENT HEALTH, CONSENT AND RELEASE FORM

NOTE TO THE PARENTS/GUARDIAN/GUEST; Stone Fort wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

- 1. Medical History
- 2. Medical insurance information

NAME.....
LAST FIRST MIDDLE

BIRTH DATE..... SEX..... AGE..... SCHOOL GRADE (IF APPLICABLE).....

HOME PHONE / CELL PHONE NO.....

ADDRESS.....

PARENT/GUARDIAN (If under 18 at time of registration)

MOTHER'S TELEPHONE NO. FATHER'S TELEPHONE NO.

ADDRESS (IF DIFFERENT FROM CHILD'S ADDRESS)
.....

IF PARENTS / GUARDIAN NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

NAME..... RELATIONSHIP

ADDRESS..... PHONE #.....

SCHOOL AGE CHILDREN:
<input type="checkbox"/> My child attends the following school:
Name of School and Address School Phone #
CHECK IF APPLICABLE:
<input type="checkbox"/> His / Her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current.
IMMUNIZATION RECORD: <input type="checkbox"/> If my child does not attend school, I have given / released a copy of the shot record to Stone Fort Encampment.

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP

- ANY TREATMENT TO BE CONTINUED AT CAMP.....
- ANY MEDICATIONS TO BE ADMINISTERED AT CAMP (SPECIFY DOSAGES)
- ANY MEDICALLY PRESCRIBED MEAL PLAN OR DIETARY RESTRICTIONS
- ANY ALLERGIES (FOOD, DRUGS, PLANTS, INSECTS, etc.)
- ACTIVITIES TO BE ENCOURAGED OR LIMITED
- ADDITIONAL HEALTH INFORMATION.....

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and any other information which caregiver's should be aware of:

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ACCIDENT COVERAGE

I UNDERSTAND MY INSURANCE IS PRIMARY AND THAT StoneFort PROVIDES A SUPPLEMENTAL ACCIDENT INSURANCE POLICY. IN THE EVENT OF A CLAIM, THE ENTIRE CLAIM WILL BE COORDINATED WITH MY PERSONAL INSURANCE.

MY INSURANCE COMPANY POLICY #
 INSURANCE COMPANY ADDRESS & PHONE NUMBER

THIS HEALTH HISTORY IS CORRECT SO FAR AS I KNOW AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL ACTIVITIES EXCEPT AS NOTED.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT;

I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT; TO RELEASE ANY RECORDS NECESSARY FOR INSURANCE PURPOSE; OR ARRANGE NECESSARY RELATED TRANSPORTATION FOR MY CHILD OR ME. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN / MEDICAL CARE FACILITY LISTED BELOW TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION, FOR THE PERSON NAMED ABOVE. THE COMPLETED FORMS MAY BE PHOTOCOPIED FOR TRIPS OUT OF CAMP.

Name of Physician:	Address:	Phone #:
Name of Emergency Medical Care Facility:	Address:	Phone #:

AS MY ATTENDANCE AT StoneFort CAMP IS A PRIVILEGE, I RELEASE Stonefort INCLUDING IT'S TRUSTEES, EMPLOYEES, AGENTS AND TYLER METRO MINISTRIES, FROM MY PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS WHILE AT CAMP. I WILL ASSUME THE RISK ASSOCIATED THEREWITH WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS OF MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNS.

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD StoneFort HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST Stonefort, INCLUDING IT'S TRUSTEES, EMPLOYEES AND AGENTS IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

SIGNATURE OF PARENT / GUARDIAN OR ADULT CAMPER / STAFFER

I ALSO UNDERSTAND AND AGREE TO ABIDE WITH THE RESTRICTION PLACED ON MY CAMP ACTIVITIES AS LISTED ABOVE.

SIGNATURE OF MINOR OR ADULT CAMPER / STAFFER..... DATE:

RELEASE OF LIABILITY - READ CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate in any way in the Stone Fort program, its related events and activities, I the undersigned, acknowledge, appreciate, and agree that;

1. The risk of injury from activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal; discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVENT IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the camp director immediately, and
4. I, for myself, and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE STONEFORT, TYLER METRO MINISTRIES, their officers, officials, agents and / or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHER WISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, I ALSO UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X AGE DATE SIGNED
 PARENTS / GUARDIAN / ADULT CAMPER SIGNATURE

FOR PARENTS / GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

this is to certify that, I, as parent / guardian and legal responsibility for the participant, do consent and agree to his / her release as provided above of all the RELEASEES, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless at Releases from any and all liabilities incident to my minor child's involvement or participation in the programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF RELEASEES, to the fullest extent permitted by law.

X DATE SIGNED

PARENTS / GUARDIAN'S SIGNATURE

