

Camp His Way Retreat Guest Medical and Release Form

Name and Contact Information

Guest Name : _____ D.O.B. _____ M or F

Address _____ E-Mail _____

Please Notify in case of an Emergency:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

Medical Attention

I, my child and/or my family (herein known as the "Guest") will be attending a retreat at Camp His Way on the dates of _____ under the supervision of _____ (herein known as the "Sponsoring Organization"). I hereby authorize Camp His Way and/or the Sponsoring Organization to make arrangements for or give any medical attention to the Guest, emergency or otherwise, that is deemed necessary under the circumstances by the sole discretion of camp His Way and/or the Sponsoring Organization. I hereby give permission to the physician selected by camp His Way and or the Sponsoring Organization to hospitalize and/or secure proper treatment as the physician may deem appropriate. I further understand that medical treatment may be several minutes away in the event of a medical emergency. *(sign at bottom of page)*

Recreational Activities

The proposed activities provided by Camp His Way and/or the Sponsoring Organization (herein known as the "Recreational Activities") require participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge the Guest and cause surges of blood pressure and pulse rates. **It is imperative that the Guest is free of any diseases or injuries, heart related or otherwise, which might create undue risks to themselves and/or to any other participants.** The Recreational Activities provided by Camp His Way and/or the Sponsoring Organization may include, but are not limited to, the following list; indoor and outdoor games, marksmanship, boating, fishing, swimming, watersliding, zip line, challenge course activities, horseback riding and various rides. All Guests participating in the Recreational Activities may be exposed to the elements of nature, including temperature extremes and inclement weather. *(sign at bottom of page)*

Current Medical Condition

I certify that the Guest is in good health, physically and mentally, to the best of my knowledge and from past health examinations for the participation in the Recreational Activities. *(sign at bottom of page)*

List any medical concerns including allergies :

Assumption of Risk and Release

I hereby acknowledge that during the Guest's voluntary participation in the Recreational Activities, that certain risks and dangers may occur due to accidents, which may include, but are not limited to, the hazards of depending on other people, being at various heights, activities in remote places without medical facilities, the forces of nature, loss or damage to personal property, physical or mental injury, not excluding fatality. I hereby assume all mentioned risks and those which are not specifically foreseeable, and will hold Camp His Way, including its staff and Board of Directors, and the Sponsoring Organization harmless from any and all liability, claims and demands of every kind whatsoever, whether for bodily injury, property damage or otherwise, which may arise from or in connection with the Guest's participation in any activities arranged by Camp His Way or the Sponsoring Organization. All Families/Groups shall be required to indemnify, defend, and hold Camp His Way Inc. harmless from any injury (and any resulting or related claim, action, loss, liability, or reasonable expense, including attorney's fees and other fees and court and other costs) occurring on any portion of the Camp property. This indemnity shall survive the end of the stay at Camp His Way and will apply even if an injury is caused in whole or in part by the ordinary negligence, gross negligence or willful misconduct of Camp His Way Management or Staff.

Signature of Guest or Legal Guardian of Guest, if Guest is under 18 years old.

Date