

# Youth America Medical Release Form

\_\_\_\_ Middle School \_\_\_\_ High School \_\_\_\_ College Age  
\_\_\_\_ Leader \_\_\_\_ Youth Pastor

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Parent's Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Grade: \_\_\_\_\_ Are you coming with a church youth group? \_\_\_\_ Yes \_\_\_\_ No

Church Name: \_\_\_\_\_

Youth Pastor/Leader: \_\_\_\_\_ Sr. Pastor: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone: (\_\_\_\_) \_\_\_\_\_ Church Fax: (\_\_\_\_) \_\_\_\_\_

(write on back if needed)

## **Medical Information and Liability Release Form**

1. List any diseases and physical limitations of any kind. \_\_\_\_\_
2. Medications Currently Taking and Purpose \_\_\_\_\_
3. Allergies (Food, Medical, Insects, Etc.) \_\_\_\_\_
4. Restricted Activities \_\_\_\_\_
5. Family Physician \_\_\_\_\_ Physician's Phone (\_\_\_\_) \_\_\_\_\_
6. Family Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

In consideration for being accepted by \_\_\_\_\_ (parent or guardian) for participation in Youth America's Summer Camp, we (I) being 18 years of age or older, do for ourselves (myself) and for and on behalf of our (my) child-participant, if said child is not 18 years of age or older do hereby release, forever discharge and agree to hold harmless Church of the Harvest of America, Inc. and the directors thereof from any and all liability, claims, discovered now or in the future, or demands for personal injury, emotional illness, sickness or death, including those injuries that could not be foreseen or were not foreseeable, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in above described trip or activity. Furthermore, we (I) and on behalf of our (my) child-participant if under the age of 18 years, hereby assume all risk, whether known or unknown, foreseeable of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. We (I) are parent(s) or legal guardian(s) of this participant, and hereby grant our (my) participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills. Further, should it be necessary for participant to return home due to medical reasons, disciplinary action or otherwise, we (I) agree to resolve the matter through a mutually acceptable arbitration process. Refunds: All Deposits are non-transferable and non-refundable. All balance refunds must be requested in writing three weeks prior to your arrival, or a refund will not be given. This registration is confirmation that you have read and accepted this policy and all other posted and written rules and regulations of Church of the Harvest of America, Inc. This form must be completely filled out to qualify for acceptance onto the Youth America campus.

Signature of Parent/Guardian/Adult Camper \_\_\_\_\_ Date: \_\_\_\_\_