

**2013 Release and Application for Exemption from Physical Examination and Immunization Records**

\_\_\_\_\_  
Last Name of Participant

\_\_\_\_\_  
First Name of Participant

\_\_\_\_\_  
Middle Initial

It is respectfully requested that the participant be exempted on religious grounds from the physical examination and immunizations required for attendance at Seneca Hills Bible Camp and Retreat Center. To the best of my knowledge and belief, the participant is and has been in normal health and is free of all communicable or contagious diseases.

Should the participant manifest any condition that produces reasonable grounds for suspecting the presence of a communicable or contagious disease, I agree to the performance of a physical examination. Also, I agree that if any such disease is found, the participant will comply with the quarantine or isolation procedures of the camp and of the community.

It is further understood that, should an emergency arise, I will be notified immediately. However, in the event that I cannot be reached immediately, the Emergency Contact listed below may make decisions on my behalf. Additionally, the authorities of the camp may take any temporary measures deemed necessary.

**Emergency Contact Information**

*The following individual(s) may make decisions on behalf of the participant, in an emergency, if the parent or legal guardian is unavailable.*

Name (s) \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I release and forever discharge Seneca Hills Bible Camp and Retreat Center and each and every one of its officers, directors, partners, shareholders, employees, agents, insurers, affiliates, successors in interest, attorneys or any other persons associated with any of them, all of them, or any variation in the name of any or all of them who might be liable (the "Released Parties") from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness and treatment of the participant.

I further understand and acknowledge that I make this release in full accord, satisfaction and compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of the participant against the Released Parties.

I represent and acknowledge I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility therefore.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant (If 18 or Over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name