

CAMP ALLEN



DISCOVERY PROGRAM HEALTH & RELEASE FORM-ADULT CHAPERONE

General Information

Your Full Name:	Preferred Name:
School:	Your role (circle one): Teacher Parent
Gender:	Date of Birth: ___/___/___

Emergency Contact Information

Name:	Relationship:
Cell Phone:	Work Phone:

Secondary Emergency Contact

Name:	Relationship:
Cell Phone:	Work Phone:

Health History

Insurance Company:	Policy Number:
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Current medications:

Pertinent Health History: *Please list any conditions that may affect you while attending Camp Allen*

Allergies: *Please list any treatments next to the allergy*

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by Camp Allen to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me. In the event of an emergency and an effort to reach my emergency contact fails, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the participant named above.

Signature: _____ **Date:** _____
(The signature above acknowledges the permission to provide necessary treatment and acknowledgment of risk)

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Your safety is important to us. Please read this document carefully. It affects the legal rights of you and any child of yours who might be a visitor to Camp Allen. This document must be signed by all adults (eighteen years and older) and the parents of all minor visitors before participating in any activities at Camp Allen which include horseback riding, nature walks, aquatic activities and challenge course elements among others.

I understand that the event or activity may itself present certain hazards and risks which may involve the user of Camp facilities and equipment and the services of the Camp staff, all of which may include the possibility of harm or loss to me, or the child. I am the parent or guardian of a child who is visiting the Camp. I have discussed these activities and risks with the child, who understands them. I acknowledge that I have fully satisfied myself as to the nature of the activity or activities that I will be participating in, the risks associated with each activity, and my responsibility to know my limits and comply with the safety standards.

Agreement of Release and Indemnity

I affirm that my health or that of the child is good and that I know of no reason why participation in the activities might cause harm to the child, others, or me. I have chosen to participate in an activity and accept full responsibility for my choices. I agree for myself and, if I am a parent or guardian of a visiting child, on behalf of that child, to release and agree not to sue the Camp Allen Camp and Conference Center, The Episcopal Diocese of Texas, and the affiliate, Governing Boards, staff and contractors of each (released parties) from any claim which I may have for injury, death or other loss incurred in any way related to my visit to the Camp.

Parents sign this agreement for him or her and, to the maximum extent allowed by law, on behalf of each minor child who is a visitor. The acknowledgement and assumption of risks and the agreements of release and indemnity include losses and claims arising in whole or part from the negligence, but not the gross negligence or intentionally wrong conduct, of a released party.

I, _____, hereby hold harmless all employees of the Discovery Program, Camp Allen, and volunteers thereof, and do give my permission to participate in all Discovery activities, which may include water activities such as canoeing; equestrian activities such as horseback riding; and/or adventure activities such as ropes courses or archery.

SIGNATURE OF PARTICIPANT

DATE

I give permission for photographs or video tapes to be taken of me and for the resulting images to be used in the marketing of Camp Allen programs.

Signed: _____

Date: _____