

# MEDICAL AND LIABILITY RELEASE

(Please print with blue or black ink only)

Male

Female

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE OF CAMP \_\_\_\_\_  
*Print Last Name First Name* CHURCH or SCHOOL (through whom registered) \_\_\_\_\_ CITY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PONDEROSA~HIGH SCHOOL  WILDWOOD  
 MEADOW RANCH~JUNIOR HIGH  WINTER CAMPS  
 WAGON TRAIN~JUNIORS  OUTDOOR EDUCATION

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PH. (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

IN EMERGENCY NOTIFY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

- HUME SD - SAN DIEGO
- DAYCAMP
- HIGH ADVENTURE /PAINTBALL
- OTHER \_\_\_\_\_

## HEALTH HISTORY:

_____ Drug Allergies _____	_____ Heart Condition _____	_____ Behavior/Nervous Disorder _____
_____ Food Allergies _____	_____ Asthma _____	_____ Physical Handicap _____
_____ Environmental Allergies _____	_____ Seizure Disorder _____	_____ Stomach Problems _____
_____ Insect Stings _____	_____ Diabetes _____	_____ Other _____

## FOR OFFICE USE ONLY

Medical information given to counselor:  
DATE \_\_\_\_\_  
INIT \_\_\_\_\_

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions) \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Name, dosage, and frequency of any medications that must be taken regularly, or as needed: \_\_\_\_\_

Any swimming restrictions: Yes\_\_\_\_ No\_\_\_\_ Any activity restrictions: Yes\_\_\_\_ No\_\_\_\_ What restrictions? \_\_\_\_\_

If your child should require medical attention at camp for injuries received or illnesses contracted prior to coming to camp, please send us the information necessary to give your child proper medical service during your child's stay at camp. \_\_\_\_\_

Hume Lake's insurance is only **secondary insurance**. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is in camp.

Do you have Health Insurance? Yes\_\_\_\_ No\_\_\_\_ Name of Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_ Policy Number \_\_\_\_\_

## MEDICAL RELEASE:

In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by Hume Lake to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the nurse/EMT on duty at Hume Lake to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release. This form may be copied and given to the counselor if there is information pertinent to the care of your child. If there is a reason that you wish this information to stay confidential, please contact our Hume Lake Office.

**Parent or guardian's signature** \_\_\_\_\_ Relationship to child \_\_\_\_\_

(You may sign your own Release if you are 18 or older)

Print Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Date \_\_\_\_\_

**BOTH SIDES MUST BE FILLED OUT AND SIGNED**

HUME LAKE CHRISTIAN CAMPS, INC.  
Participation, Release, Waiver & Indemnity Agreement

WHILE HUME LAKE CHRISTIAN CAMPS MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT HUME LAKE.

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at Hume Lake Christian Camps, and on or around Hume Lake. These activities include, but are not limited to, swimming in the pools and Lake, boating, High Ropes Course, biking, archery, riflery, paintball, all forms of skating, and strenuous competition games. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Hume Lake Christian Camps has taken reasonable steps to provide equipment and skilled employees so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the Camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Hume Lake Christian Camps reserves the right to use any audio, video, and/or photography of guests or campers participating in Hume-facilitated events.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Hume Lake Christian Camps, Inc., its officers, Board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Hume Lake Christian Camps, or on or around Hume Lake. This release does not apply to intentional and/or willful acts of misconduct by Hume Lake Christian Camps or any of its officers, Board, agents or employees.

Should Hume Lake Christian Camps, or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Hume Lake Christian Camps harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Hume Lake Christian Camps on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

**Parent or guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(You may sign your own Release if you are 18 or older)

**Print name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_  
**Camper's Name** \_\_\_\_\_

HUME LAKE CHRISTIAN CAMPS, INC., 64144 HUME LAKE ROAD., HUME, CA 93628 Phone (559) 335-2000 Fax (559) 335-2523  
Fill out and return to you church registrar. If you have no church registrar, please bring to camp.

**BOTH SIDES MUST BE FILLED OUT AND SIGNED**