

Living Waters Bible Camp

Risk and Release Form

Name:
Address:
City, State & Zip:
Phone Number:
Email:

The above named person is myself or my child. He/she has my approval, as parent of legal guardian, to attend Living Waters Bible Camp and participate fully in all activities unless I notify the camp and specify otherwise. I am also aware of the scope of activities in this program and recognize that some carry the inherent risk of injury. I knowingly assume full responsibility for all risks involved. I hereby release and hold harmless Living Waters Bible Camp, its employees and camp management from liability, expenses, or claims of any kind in the case of accident, injury, or illness. I also give consent for any treatment/hospitalization determined by a licensed physician to be needed as a result of accident, injury, or illness occurring during involvement in camp activities.

Parent/Guardian Signature (REQUIRED)

Date

Health History

Immunizations up to date?
Any medication allergies?
Any environmental allergies?
Any food allergies?
Any special dietary needs?

(Please contact the Food Services Manager before you/your child comes to camp. 608-634-4373 ext. 29)

Does camper/staff have any of the following: (Check all that apply)

- asthma / breathing disorder
ear infections
diabetes
seizures/epilepsy
history of major head trauma
heart problems
emotional disorder
bedwetting
sleep walking/night terrors
contacts/glasses
oral appliance
homesickness
physical limitations/restrictions
other (including treatments to be administered while at camp)

Explain any checked

Chronic or recurring illness or medical condition (not listed above)

Any treatment to be continued at camp

Activities to be discouraged or limited

Additional health information

Current medications (Send with instructions in original container)