

# Carolina Creek Christian Camp Participation Agreement & Waiver

Name of Camp Participant \_\_\_\_\_

I am above the age of 18 and am signing this agreement as the camp participant.

I, \_\_\_\_\_, am the parent/legal guardian of the camp participant, a minor.  
I hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my permission to attend Carolina Creek Christian Camp.

Furthermore, I consent to give my child permission to participate in all activities including, but not limited to, climbing, repelling, low rope elements, high rope elements, swimming, other water activities, and all indoor and outdoor events and activities. I understand all activities are optional and that my child or I have voluntarily applied to participate in the events and activities of the Camp. I understand the foregoing activities and all other events, hazards or exposures connected with the Camp and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. **I am aware of the risks and damages inherent with those activities and I knowingly and willingly assume the risk of injury.**

## Medical Information

Participant Name: \_\_\_\_\_

Group/Session Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to notify in case of an emergency: \_\_\_\_\_

Phone number(s) of emergency contact person: \_\_\_\_\_

Name of doctor and phone number: \_\_\_\_\_

### **General Health Information:** Do you currently have any of the following?

1. Recent serious injury: Y ☐ N ☐ \_\_\_\_\_

2. Recent surgery: Y ☐ N ☐ \_\_\_\_\_

3. Allergies to medications: Y ☐ N ☐ \_\_\_\_\_

4. Food Allergies: Y ☐ N ☐ \_\_\_\_\_

5. Asthma: Y ☐ N ☐ \_\_\_\_\_

If yes to any of the above, please describe: \_\_\_\_\_

7. Do you take any medications regularly? Y ☐ N ☐ If so please list here: \_\_\_\_\_

(All medications must be in originally labeled containers)

8. If yes, will you have these with you? Y ☐ N ☐ \_\_\_\_\_

9. Your camper must have received all vaccinations required to enter school in the state of Texas in order to attend camp. Has your camper received all of these required vaccinations? Y ☐ N ☐

10. Date of last Tetanus Shot \_\_\_\_\_

11. Add any other necessary medical information: \_\_\_\_\_

(Attach separate sheet if needed)

12. I give permission for my camper to receive age appropriate over the counter medication. Y ☐ N ☐

### **Insurance Information:**

1. Medical Insurance Company: \_\_\_\_\_

2. Plan or Group Number: \_\_\_\_\_

3. Insured Name: \_\_\_\_\_

4. Insured I.D. # or Member #: \_\_\_\_\_

5. Insurance Company Phone Number: \_\_\_\_\_

6. Insurance Company Address: \_\_\_\_\_

\* You may copy both sides of your insurance card and attach it if it includes all of the above information.

## Authorization for Emergency Medical Treatment

I have listed above my or my child's physical conditions or medical problems that may need attention and all medications regularly used by myself or said minor. I understand failure to disclose medical information/condition may result in dismissal from Carolina Creek Christian Camp. In case of the illness of myself or my child, Carolina Creek Christian Camp will try to notify whoever is listed as the emergency contact person. In the event there arises a medical emergency concerning myself or my child, at a time where the emergency contact cannot be notified, I authorize Carolina Creek Christian Camp to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care. **I hereby consent and give my permission to the Carolina Creek Christian Camp staff or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself or my child that may, in their sole discretion, be necessary and proper under the circumstances.**

## General Release and Waiver of Liability

**I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS CAROLINA CREEK CHRISTIAN CAMP STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUSTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF OR MY CHILD DURING HIS/HER STAY AT CAROLINA CREEK CHRISTIAN CAMP.**

In consideration for being permitted to attend Carolina Creek Christian Camp and participate in the activities conducted by the Camp, I, on behalf of myself, my child, my legal representatives, heirs and assigns, ***do hereby release, waive, and forever discharge Carolina Creek Christian Camp and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child's participation in the camp activities or any activities in connection with the Carolina Creek Christian Camp, whether by negligence or not.***

I, personally, and on behalf of my child (if child is the camp participant), hereby give Carolina Creek Christian Camp permission to use my and/or my child's name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**X** \_\_\_\_\_

**Adult Participant or Parent/Guardian Signature**

**Printed Name and Address of Signatory:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** **X** \_\_\_\_\_

## *Medication Administration Record*

- **ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH PHYSICIAN DIRECTIONS. OTC MEDICATIONS MUST BE IN ORIGINAL MANUFACTURERS PACKAGING. MEDICATIONS BROUGHT IN ANY OTHER FORM WILL NOT BE ADMINISTERED.**
- Please place medication bottles in Ziplock bag clearly labeled with child's first and last name.
- Primary dispensing times for medications will be at each meal unless otherwise noted by a physician.
- Medications must be turned in to nurse upon arrival at camp. **NO** medications (prescribed or OTC) or vitamins are allowed to be kept in the cabins.
- Please circle at which meal your child takes his/her medication.
- Fill out shaded column only; daily columns for administration use only.

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Medication Name And Times Taken	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Breakfast      Supper Lunch          Bedtime							
Breakfast      Supper Lunch          Bedtime							
Breakfast      Supper Lunch          Bedtime							
Breakfast      Supper Lunch          Bedtime							
Breakfast      Supper Lunch          Bedtime							