

F001-RELEASE WAIVER-HEALTH HISTORY-HEALTH SCREENING

THIS FORM MUST BE COMPLETED FOR ALL INDIVIDUALS

(Must be completed and re-signed yearly)



Quaker Meadow

Celebrating 70 Years in Christian Camping

General Release Waiver

The undersigned, or on behalf of said minor, has asked Quaker Meadow Christian Camp (hereinafter "Quaker Meadow") to be allowed to participate in the activities offered at Quaker Meadow. Activities may include but are not limited to Archery, Rock Climbing, Water Sports, and Challenge Course Elements. The undersigned acknowledges that activities involve physical exertion and other risks; is aware of the risk of injury to individuals participating or observing the activities, including, but not limited to permanent disability, blindness, loss of hearing, and death; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any the Activity Coordinator(s); Understands that it is each participants responsibility to wear any safety gear deemed necessary by Quaker Meadow; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), defend, and hold Quaker Meadow harmless from and against any and all claims, liabilities, expenses, damages, losses, causes of action, and suits (including, without limitation, attorneys' fees and costs) arising out of, or any way related to the participation in activities at Quaker Meadow, whether caused by Quaker Meadow's active or passive negligence or otherwise.

Image Release Waiver

The undersigned gives permission to Quaker Meadow to use any photographs, videos, or audio recordings of him/her, or said minor, for promotional materials, including internet postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Transportation Waiver (Minors)

The undersigned hereby requests and authorizes said minor to travel to any or all activities and events located away from Quaker Meadow by traveling with the person of said minor's choice or by operating his/her own motor vehicle or a motor vehicle provided by another. The undersigned clearly understands the risks associated with said minor's travel and assumes all risks thereof.

Medical Release Waiver

The undersigned gives permission to the Health Supervisor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes.

Emergency Contact: Mr. Mrs. Ms. _____ Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ E-mail: _____ @ _____

Health Information: You may opt out by checking the following statement: I decline to provide personal health information.

Describe health conditions requiring medication (include dosage), treatment, special restriction or consideration while on site:

Date of last tetanus shot: _____ List any other immunizations & dates: _____

List any allergies: _____

Participant (print): _____ Signature: _____ Date: _____

Parent/Guardian (print): _____ Signature: _____ Date: _____

Health Supervisor's Statement: Screening to identify absence of illness, injury, or disease has been completed. YES NO

Group Health Supervisor (Sign): _____ Date: _____