

Name of Church Youth Group \_\_\_\_\_

A completed release form must be received for each camper and sponsor at check-in in order for an individual to be allowed to attend.

### Fall Fling or Winter Wipe Out Camper (17 years and under) Release Form/Medical Information

Camper's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Gender: (circle one) Male / Female Parent or Guardian's Full Name: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

#### To be filled out and signed by Parent or Guardian:

If your child has any significant health issues or newly developed concerns that warrant a doctor's examination, please bring a report signed by a licensed physician, detailing care and/or limitations.

Health Ins. Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
(Parent's health insurance serves as the primary insurance provider. Shamineau Ministries carries only secondary accident insurance coverage.)

Does the camper have any allergies to food or medication? What is the reaction? Is medication used to treat the allergic reaction?: \_\_\_\_\_

List any diagnosed illnesses or issues: \_\_\_\_\_

What medications, including doses, are used to treat the above?: \_\_\_\_\_

Any side effects of his/her medications?: \_\_\_\_\_

Are your child's immunizations up to date?  Yes  No Date of last Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_  
(State law requires that all campers be fully immunized as for school.)

Emergency Contact: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

#### Acknowledgement of Risk, Medical and Media Release

*I/We have chosen to attend the Shamineau Ministries programs in part because of the activities they offer. I understand and acknowledge that participation in the activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, snow-shoeing, cross-country skiing, high and low ropes course elements, riflery, horseback riding, mountain boarding, swimming, the blob, skateboarding and roller blading, climbing the ice tower or artificial indoor climbing wall) entails both known and unanticipated risks of harm which could result in both physical or emotional injury, paralysis, death or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Shamineau Ministries, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. In consideration of my participation in Shamineau Ministries programs and activities, I hereby release and discharge, indemnify and hold harmless Shamineau Ministries, its officers, directors, employees, agents, volunteers and assigns from any and all liability, claims, demands, costs and expenses, and causes of action whatsoever arising out of or in any way connected with any property loss and/or bodily injury including death and/or disability arising from my family member's participation in Shamineau Ministries activities. In the event of an illness, injury or emergency, I hereby authorize Shamineau Ministries staff to secure proper medical treatment for my family member including transportation and hospitalization, if necessary. I authorize Shamineau Ministries to use photos or videos taken of my family member at camp for Shamineau Ministries promotional purposes. At no time will camp photos be used by unrelated organizations.*

**\*\*I hereby authorize the medical staff to administer over the counter medications appropriate to my child's symptoms/age/weight.**  
Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

#### Fall Fling or Winter Wipe Out Leader/Camper (age 18 years and older) Release Form Individual Covered by this release:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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\_\_\_\_\_  
(Signature of Self (if adult))

\_\_\_\_\_  
(Date)