



UNITED CHRISTIAN YOUTH CAMP

PARTICIPANT WAIVER FORM

CAMPER/CHURCH INFO:

Last Name

First Name

Church

Central Christian Church of Arizona

CAMPER

Name: _____

Age: _____

Birthdate: _____

Male

Female

Grade in Fall: _____

CAMP ATTENDING: Camp 456 (4-6 Grade) Camp 78 (7-8 Grade)

EMERGENCY

PARENT/GUARDIAN INFORMATION

EMERGENCY CONTACT

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

E-mail Address: _____

Please list anyone legally restricted from seeing this camper: _____

MEDICAL

Please indicate if your attendee is currently taking any medication or will be taking medications during event.

Medicine will not be dispensed unless the following guidelines are met:

1. All medications **MUST** be in the original pharmacy labeled container or the original manufacturer's container.
2. Prescription medications **MUST** have your attendee's name on the bottle.

Medications to be given at camp: _____

Does Camper Have:

Physical Handicap

Recreational Limit

Learning Disability

Social/Behavioral Issues

Medical Condition
(i.e. asthma, cardiac, etc)

Food Allergies
(i.e. eggs, peanut, milk,

Medication Allergies
(i.e. amoxicillin, augmentin, etc)

Other Allergies

If yes, please explain:

Note: Please be sure your child is in good health upon arrival at camp. We can serve your child best if they are feeling well and can partici-

INSURANCE

Company

Group Name/Number: _____

Claims Address and Phone Number: _____

Insured ID Number: _____

Name and birthdate of person responsible for medical expenses: _____

PLEASE TURN OVER TO CAREFULLY READ AND SIGN THE CONSENT AND MEDICAL WAIVER

ASSUMPTION OF RISK / WAIVER / INDEMNITY AGREEMENT

United Christian Youth Camp is a recreational camp that hosts events and activities for its campers/guests. I acknowledge that participating in such events and activities, whether they be held indoors or outside, may be dangerous and involve the risk of serious bodily harm, including death. I voluntarily assume the risk of any injury or property damage that I may suffer during my stay at the camp, and during my voluntary participation in the events and activities that are provided. Further, in consideration for United Christian Youth Camp agreeing to allow me to be a guest at its camp and participate in the events and activities that it provides (both on its property and at other locations), I agree that United Christian Youth Camp and its owners, directors, officers, employees, agents and contractors (collectively "UCYC") shall not be liable for any loss, damage or injury to me or my property, regardless of whether such loss, damage, or injury is caused by any negligent act or omission of UCYC, other guests, or other persons over whom UCYC has no control, and expressly waive any right to bring a claim or lawsuit against UCYC. In the event a claim or lawsuit is asserted against UCYC, I agree to defend, indemnify and hold harmless UCYC against any and all claims, liability, damages and expenses (including but not limited to attorneys fees, expert fees, investigation fees, and court costs) arising out of or related to my visit to UCYC, regardless of whether such injury or damage is caused in part by the negligent acts or omissions of UCYC.

In the event of a medical emergency, I agree that UCYC is authorized to obtain medical care and treatment for my child, including transportation to licensed medical provider. UCYC will attempt to notify me if such an emergency arises. I agree that I will be responsible for all costs and expenses incurred for the care and treatment rendered to my child. I agree to defend, indemnify and hold harmless UCYC against any and all claims arising out of the medical care and treatment provided to my child.

I have listed all known allergies, immunizations and health problems and any other information pertinent to named child's health, including all medications named child takes.

Permission is hereby given for the *Camp Medical Staff* to administer prescription medication as directed on the original prescription medication container. Permission is also hereby given for the Camp Staff at UCYC and/or named child's leader to administer the following generic over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____.

Permission is hereby given for use of the following by UCYC for promotional or fund raising purposes: 1) pictures and video taken while at camp; 2) quotations from evaluations and letters relating to camp experience; and 3) name, address, phone number and e-mail address for camp database.

Child's Name

Parent Printed Name

Parent Signature

Date