

# MT. GILEAD BIBLE CAMP

## WOMEN'S RETREAT MEDICAL AND LIABILITY RELEASE

(Please print with blue or black ink only)

A Participant may sign the Release if 18 or older

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Print First Name Last Name*

Male  Female (assigned at birth)

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

Home Phone ( ) \_\_\_\_\_ Cell Ph. ( ) \_\_\_\_\_ Email: \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### HEALTH HISTORY:

\_\_\_\_ Drug Allergies \_\_\_\_\_ \_\_\_\_ Heart Condition \_\_\_\_ Behavior/Nervous Disorder

\_\_\_\_ Food Allergies \_\_\_\_\_ \_\_\_\_ Physical Handicap \_\_\_\_ Seizure Disorder

\_\_\_\_ Environmental Allergies \_\_\_\_\_ \_\_\_\_ Diabetes \_\_\_\_ Stomach Problems

\_\_\_\_ Insect Sting Allergy \_\_\_\_\_ \_\_\_\_ Asthma \_\_\_\_ Other

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions).

Date of last tetanus shot: \_\_\_\_\_ Name, dosage, and frequency of any medications that must be taken regularly, or as needed: \_\_\_\_\_

Mt. Gilead Bible Camp's insurance is only **secondary insurance**. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while Participant is in camp.

Do you have Health Insurance? Yes \_\_\_\_ No \_\_\_\_ Name of Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_ Policy Number \_\_\_\_\_

### MEDICAL RELEASE:

In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by Mt. Gilead Bible Camp to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for Participant as deemed necessary. I also authorize the nurse/EMT on duty at Mt. Gilead Bible Camp to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release. This form may be copied and given to the counselor if there is information pertinent to the care of Participant. If there is a reason that you wish this information to stay confidential, please contact our Mt. Gilead Bible Camp Office.

Participant's signature \_\_\_\_\_ Participant's Name \_\_\_\_\_

Parent or Guardian's signature \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

# MT. GILEAD BIBLE CAMP

## *Participation Release and Waiver & Indemnity Agreement(Adult)*

MT. GILEAD BIBLE CONFERENCE, INC. (MT. GILEAD BIBLE CAMP) MAKES EVERY EFFORT TO PROVIDE A SAFE AND ENJOYABLE ENVIRONMENT FOR PARTICIPANTS. IN ORDER TO ALLOW PARTICIPATION IN THE ACTIVITIES AT THE CAMP, THIS PARTICIPATION AGREEMENT MUST BE COMPLETED, SIGNED, DATED AND RETURNED BY THE PARENT OR LEGAL GUARDIAN OF EACH PARTICIPANT UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES AT MT. GILEAD BIBLE CAMP. A PARTICIPANT CAN SIGN THIS AGREEMENT IF 18 OR OLDER.

The undersigned gives permission for the Participant to take part in the activities at Mt. Gilead Bible Camp or at Camp approved offsite locations. These activities (depending on any age limitations for specific activities) include, but are not limited to: Swimming, Zip Line; Target Shooting; Self Defense Training; Climbing Wall; BMX Track; Archery; Gilead's Goliath Swing; Skate Park; Strenuous Competition Games; Slip and Slide; Slap Ball; Knockerball; Snookball; Basketball; Volleyball; Baseball; Soccer; Badminton; Tetherball; Nine Square in the Air; Hiking; Running; Foosball; Chapel Games; Table Pool; Ping Pong; Ball Wall; Climbing Trees; Bean Bag Toss; Horseshoes; Washer Toss; Gel Blasters; and free-time activities of choice. Participation in such activities is not without risk. It is important for the Participant and the undersigned to be informed of and consent to the inherent risks. The undersigned voluntarily grants this permission with full knowledge that the undersigned accepts full responsibility for any injury or accident that may occur involving Participant.

Although Mt. Gilead Bible Camp will provide appropriate equipment and skilled employees so the Participant can safely take part in activities, certain risks cannot be eliminated due to the Camp's rural setting and the unique nature and character of certain activities. The same elements that contribute to the character of those activities could also be the cause of loss or damage to property, accidental injury or illness or, in extreme cases, permanent trauma or death.

The undersigned, individually and on behalf of the Participant, agrees to release and hold harmless Mt. Gilead Bible Camp, Inc., its officers, board, agents or employees, for any and all claims for injuries or liability related to the Participant's involvement in any activity occurring at Mt. Gilead Bible Camp or at Camp approved offsite locations. This release does not apply to intentional and/or willful acts of misconduct by Mt. Gilead Bible Camp or any of its officers, board, agents or employees.

The undersigned further consents that Mt. Gilead Bible Camp shall have ownership of, and reserves the right to use, any audio, video, images or photography of guests or participants taking part in Mt. Gilead facilitated events, for promotional or marketing purposes; including display on the Camp's website.

The undersigned acknowledges that if anyone is hurt or property is damaged during the Participant's involvement in any activities, Mt. Gilead shall have the right to enforce its rights in this Agreement in a court of law. In the event Mt. Gilead Bible Camp, or anyone acting on its behalf, incurs attorneys' fees and costs enforcing this Agreement, the undersigned agrees to pay for and/or reimburse Mt. Gilead Bible Camp for all such fees and costs. The undersigned has had sufficient opportunity to read this entire document, and voluntarily agrees to be bound by its terms.

**Participant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address / Phone / Email** \_\_\_\_\_

**Parent or Guardian's Signature** \_\_\_\_\_ **Relationship to Participant** \_\_\_\_\_

**Participant's Name** \_\_\_\_\_ **Age** \_\_\_\_\_