

Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Agreement

We at Grace Presbyterian Church (GPC) request that all participants read and sign this Release, Waiver, Indemnity and Assumption of Risk Agreement to indicate that they have accepted all risks personally when participating in sporting activities, church outings, mission trips, and youth outings sponsored by GPC, including travel to these activities (collectively "Participation").

The undersigned agrees as follows:

I fully understand and acknowledge that there are risks and dangers associated with Participation which could result in property or bodily injury, partial and/or total disability, paralysis and death. These risks and dangers may be caused by my action, inaction or negligence or that of other third parties, including the Released Parties, as described below. There may also be other risks and dangers which are unknown or not reasonably foreseeable at this time.

I accept and assume the risk and responsibility for any loses and/or damages for any such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Released Parties.

I hereby release, waive, discharge and agree not to initiate any form of legal action against GPC, its pastors, elders, officers, agents, employees and volunteers (collectively "Released Parties") for any and all rights, claims, liabilities, lawsuits, damages, and expenses, including attorneys' fees, of any kind, known or unknown, existing or arising in the future, including those arising from negligent conduct of the Released Parties ("Claims and Damages") which I have or may have in the future against Released Parties resulting from or related to my Participation.

I further agree to indemnify and hold the Released Parties harmless against any Claims and Damages arising out of or in any way connected with my Participation.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS.

PRINTED NAME

SIGNATURE of Participant

DATE

Emergency contact person & phone #: _____

PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed by legal guardian for ***participants under the age of 18***)

In consideration of _____ (print minor's name) ("Minor") being permitted by GPC to participate in this activity, I acknowledge that I have read and understand the attached Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Form, agree to be bound by its terms, and further agree to indemnify and hold Released Parties harmless from any and all Claims and Damages which are brought by, or on behalf of Minor, and which are in any way connected with such Participation by Minor. If I can not accompany the Minor in this event, I authorize Ministry staff persons(s) and or Volunteer(s) in charge of this activity/trip/camp to **accompany and take full responsibility** for the minor.

Parent or Guardian: _____ Print Name: _____

Person responsible for minor: _____ Print Name: _____

*Digital pictures and videos are taken during activities. These pictures and/or videos may be used by Grace Presbyterian Church. Participants and parent (if under 18) must sign and date to authorize digital pictures or video to be used by GPC. Pictures will not include participants name or any other form of identification.

I authorize digital pictures and/or video of me to be used by Grace Presbyterian Church:

Participant signature _____ Date _____

I authorize digital pictures and/or video of my child to be used by GPC:

*Parent's signature _____ Date _____

PLEASE COMPLETE MEDICAL RELEASE ON THE OTHER SIDE AND ATTACH PROOF OF MEDICAL INSURANCE COVERAGE

Grace Presbyterian Church Youth and Young Adult Ministry Medical Authorization Form

Name _____ Year you graduate _____

Address _____

City _____

Telephone (Home) () _____ Cell Phone () _____

Parent/Guardian living with child _____ Work phone () _____

Other contact person _____ Phone () _____

Primary Doctor _____ Phone () _____

Medical Insurance Company _____

Policy # _____ Insurance Company's phone () _____

Please include a copy of your insurance card with this release form.

BRIEF MEDICAL HISTORY AND/OR SPECIFIC INSTRUCTIONS OR INFORMATION TO PHYSICIAN OR NURSE concerning any specific physical or mental condition or medications they should be aware of.

Any restrictions? _____

I (we), the parents/guardians of the aforementioned person, do hereby authorize Grace Presbyterian Church (GPC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated on any changes on child's release form. This medical release will be kept on file at Grace Presbyterian Church to use for any future activities and/or trips.

(Signature of parent or guardian if participant is under 18)

(Date)

PLEASE COMPLETE THE ACTIVITY RELEASE FORM ON THE OTHER SIDE



IMPORTANT FIRST AID MESSAGE TO YOUTH PASTORS & PARENTS!!

We are experiencing an increase in the number of medications and treatments needed by youth while attending camp. Children with special medical needs include conditions which require special medical or health attention or care while the participant is at camp such as asthma, epilepsy, insulin dependant diabetics, cancer, cystic fibrosis, or any other physically disabling condition. Please be advised that prior to sending children with special medical needs to camp, parents must do the following:

1. Please check if your child has any of the following:

<input type="checkbox"/> Chronic Asthma	<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Cardiac Problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Emotional Handicap	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> Physical Handicaps	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Requires An Injection Of Any Kind		

*If you checked any of the above boxes, please fill out the **Special Medical Needs Procedure Authorization Form** along with the **Youth Registration & Medical Consent Form**. If no box is checked only the **Youth Registration & Medical Consent Form** is required.*

2. Send all prescription meds in original containers. We can **only** administer the med as the bottle reads, so make necessary adjustments with your pharmacy before camp. Over the counter meds must also come in original container. **DO NOT SEND MEDS IN PILL BOXES OR BAGGIES AS WE CANNOT LEGALLY DISPENSE IN THIS MANNER.**
3. Please do not send up pre-drawn syringes of medication. **If your child requires injectable meds of any kind you will need to send the original vial of medication, syringes, and written M.D. orders on the enclosed Special Medical Needs Form for your child to attend camp.** If your child gives his/her own injectable meds (*such as insulin*) we need only your statement of consent with your signature on the parent portion of the Special Medical needs form. With your consent, your child will be monitored by the First Aid staff.
4. If your child is **a type I Diabetic** you must send the following items for your child to attend camp:
 1. Glucometer / Strips / lancets
 2. Glucagon Pen (***No exceptions**)
 3. Insulin / syringes
 4. Glucogel or Glucose tabs
 5. M.D. orders on Special Needs Form / Signature
 6. Parent's written consent if child to self administer / signature on Special Medical Needs Form.

• *We recommend a "fanny pack" be worn by your child with needed supplies at all times while attending camp.*
5. If your child has asthma and uses a nebulizer in addition to an inhaler, please send the nebulizer, medication & dilutant to camp. Asthma is easily triggered by the activities at camp.
6. If your child has severe allergies and uses an epi-pen, we will need Special Medical Needs form with signatures from child's MD and parent.
7. We do not give allergy or growth hormone injections at camp.
8. If your child requires any special medical treatment to attend camp, the Special Medical Needs form will need to be completed and signed by you & your child's MD. In addition, please call the camp @ (909)389-2300 and ask for the First Aid Coordinator to insure we can meet the needs of your child **BEFORE** sending them to camp.

YOUTH REGISTRATION & MEDICAL CONSENT FORM



In accordance with the American Camping Association and the Laws of the State of California, we must have a Health History/Medical Consent Form completed and signed by the parent or legal guardian for each camper under age 18 attending Forest Home. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Forest Home does NOT provide medical or hospital insurance coverage.

Student Name _____ Age _____ D.O.B. _____ Sex _____ Ht _____ Wt _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Dates of Camp _____ Name of Church Group _____
 Status: _____ Camper _____ CCA _____ Counselor _____ KP _____ Grade (For summer camps, indicate grade in Fall) _____
 Area of Camp: _____ Indian Village _____ Adventure Mountain _____ Creekside _____ Lakeview _____ Forest Center _____ Ojai Valley
 Parent/Guardian Name(s) _____ Day Time Phone (_____) _____
 Evening Phone (_____) _____ Mobile Phone or Pager (_____) _____
 Emergency Contact (other than parent) _____ Relationship to Camper _____ Phone (_____) _____
 Names of anyone other than parent/guardian authorized to pick up or sign camper out of camp _____

I understand that my child's photo may be taken at camp and I authorize Forest Home to post these photos on the Forest Home web site or use them in other materials to promote Forest Home.

Please send me Forest Home Promotional Material via: Email Postal Mail Both

REQUIRED Medical Information:

Forest Home REQUIRES this information in order to provide appropriate medical care in the event of injury and/or illness while at camp. Forest Home is committed to protecting the confidentiality of this information.

Do you carry family medical/hospital insurance? Y / N

Insurance Carrier _____ Policy# _____

Name of Responsible Party _____

Address _____ Phone (_____) _____ Relationship to Camper _____

Name of Family Physician _____ Phone (_____) _____

Name of Family Dentist _____ Phone (_____) _____

Has Camper been recently exposed (within last 3 weeks) to any kind of Communicable Disease? _____

If your child has **ANY** chronic condition including any of the following: Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or Requires Injections of any kind, a **SPECIAL NEEDS PERMISSION SLIP MUST BE OBTAINED AND SUBMITTED AT LEAST 2 WEEKS PRIOR TO CAMP DATES!** If a child with special needs comes to Forest Home without written authorization, the group or party may be asked to return the child to his/her home.

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities. _____

Please List ALL Allergies: Drug _____ Insect/Plant _____
 Food _____ Diet Restrictions _____

List Medications Camper will require while at camp and reason for taking the medicine. _____

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

IMMUNIZATIONS: Please fill in the immunization information below or attach a recent copy of your child's immunization record.

1. Are all immunizations up to date: Yes No
2. Polio (OPV or IPV)—Date: _____
3. DTP/DTap/DT/TD (*Diphtheria, Tetanus and Acellular Pertussis or Tetanus and Diphtheria only*)—Date: _____
4. MMR (*Measles, Mumps, Rubella*)—Date: _____
5. Hepatitis B—Date: _____
6. Varicella (*Chicken Pox*)—Date: _____

PERSONAL BELIEFS AFFIDAVIT

I hereby request exemption of this child from the immunization requirements for camp entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her own protection.

Signature: _____

Date: _____

All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to First Aid OR Trip Staff to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes and written instructions signed by the physician.

By signing this form I give my informed consent to the First Aid personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Forest Home, Inc. to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

I authorize the use of 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 _____. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child.

I have requested Forest Home, Inc. to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Forest Home, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature of Parent or Legal Guardian _____ **Date** _____



BOTH PAGES MUST BE COMPLETED BEFORE COMING TO CAMP!

**SPECIAL MEDICAL NEEDS
PROCEDURE AUTHORIZATION FORM**

(For camper's with chronic medical needs requiring First Aid staff intervention)

Child's Name: _____ Date of Birth: ____/____/____

Illness/ Condition: _____

Camp (circle): Indian Village Adventure Mountain Creekside Lakeview Ojai Valley Dates attending: _____

Church Group Name: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____



The following portion to be completed by camper's physician / M.D.

Specialized Health Care Treatment / Procedure required while at Camp

(Specify dosage, time, route, duration if medication) _____

Special Restrictions / Recommendations _____

Physicians Signature: _____ Date: _____

Physicians Phone: _____ Fax: _____



The following portion to be completed by camper's parent.

I hereby authorize the first aid staff at Forest Home Christian Camp to administer the above treatments as authorized by my child's physician.

I authorize my child to self administer medical treatment

Parents Signature: _____ Date: _____

Please turn form over and initial and sign all areas.

If you have completed this form your next step is to call the Camp First Aid Coordinator

@ (909)389-4326 (Summer) or @ (909)389-3493 (Rest of the Year)

Mill Creek Fax # (909)389-2221 Ojai Valley Fax # (805)715-6061

Special Medical Needs Procedure Authorization Form (Side 2)

1. REQUEST FOR PERMISSION

I recognize that Forest Home because of its terrain, altitude and program involvement, is not designed to accommodate and may not provide a safe camp experience for those with special needs.

While I (an adult) or my child have what might be considered a special need or disability, I believe the special need is such that it warrants special permission to attend a Forest Home Conference. The following information is therefore offered to substantiate my request for such permission. (Please provide as complete information as possible.)

Initial _____

2. ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS INVOLVED

I have personally inspected Forest Home or, waived my right to do so and realize the risks involved in participation in camp activities. I realize that Forest Home is not generally advised for use by those with special needs or the disabled, that there are risks and dangers involved in such activities and that unanticipated and unexpected dangers may arise during such activities. I am aware that although Forest Home employs first aid providers for weekend and summer conferences, that Advanced Life Support teams, should they be needed, are up to twenty minutes away from Forest Home property. I am willing to assume said risk of injury and/or complication of existing medical conditions to my person, my property, (or those of my child) that may be sustained on the occasion of the camp experience I (or my child) shall attend.

Initial _____

3. RELEASE OF RESPONSIBILITY

I, as an adult or the parent and/or guardian of the individual named in this form giving permission for his/her attendance at Forest Home on the dates specified herein, except for willful misconduct or gross negligence of Forest Home, its directors, officers, staff or any other persons connected therewith, agree to indemnify and hold Forest Home, and each of the persons connected therewith, harmless for injury or damage to the person or property of said individual.

Initial _____

Check One:

___ I have personally inspected Forest Home, and recognize it is not designed for, nor intended to provide a camp experience for those with special needs. I realize and assume the risks and dangers to myself or the said individual involved in participation in its camp activities.

___ Recognizing that Forest Home is not designed for, nor intended to provide a camp experience for those with special needs, we hereby decline our right to inspect the Forest Home property.

Signature _____

Date _____

THIS SECTION FOR OFFICE USE ONLY

Permission Obtained ___ Obtained ___ Denied

Notified Guest (Date): _____

Permission Granted By: _____

Title: _____

Note any special arrangements made: _____

Forest Home Mill Creek Canyon
40000 Valley of the Falls Dr.
Forest Falls, CA 92339
www.foresthome.org

MAIN 909.389.2300

