

**MEDICAL and LIABILITY RELEASE FORM
FOR SENECA HIGH ADVENTURE CHRISTIAN CAMP**

Name _____
Address _____

Birth date _____ Phone# _____ E-mail _____
Insurance Co. _____ Policy# _____
Family Physician _____ Phone# _____
In Case of Emergency contact _____ Phone # _____
Allergies(include medications, food, bee stings, poison ivy ...) _____
Date of last Tetanus shot _____

Current Medications: All medications must be taken to the camp nurse upon arrival and must be in their original prescription container along with the doctors name and specific written instructions.

Past or current medical conditions _____

I/We understand that my child's (or my) participation at Seneca High Adventure Christian Camp and its activities is completely voluntary.

I/We recognize that certain hazards and dangers are inherent in the camp's events, programs, and facilities particularly, but not limited to, the activities of swimming, Mt. biking, hiking, caving, canoeing, white water rafting, rock climbing, rappelling, camping, organized recreational activities, and games.

I/We understand that Seneca High Adventure Christian Camp meets and/or exceeds the standards set by the WV State board of Health for organized camps but that there are still natural dangers such as but not limited to storms, lightening, wild animals, snake, bug, and spider bites.

I/We understand that all reasonable safety precautions will be taken at all times by Seneca High Adventure Christian Camp and its agents during the events and activities.

I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I/We agree not to hold Seneca High Adventure Christian Camp, its leaders, directors, employees, and volunteer staff liable for damages, losses, diseases, injuries, accidents, and/or death incurred by the subject of this form.

I/We understand that the canoeing / white water rafting, and any other high adventure activity could be contracted out to a professional outfitter, and that additional waivers may be required for participation.

In the event of an emergency where medical treatment is required, I/We give permission to the leaders to: hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the subject of this form.

I/We also grant permission for me or my child to be included in camp photos that will be taken during the course of the summer which may be used for promotional purposes.

I/We further agree to release Highland Scene Tours(HST), it's staff and management from responsibility for any injuries or damage to persons or property which are sustained while operating their equipment. I understand that helmet use is required and agree to wear the provided helmet at all times while the bicycle is in operation. This release and hold harmless clause, together with waiver of liability, shall apply to any judgment rendered against HST as the result of any suit brought against HST for damages caused or sustained while using HST's equipment. I also give permission for my child to participate in mountain biking with HST. _____ (initial)

I/We, on behalf of my child, as their personal representative do hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Scott's Canoe Rentals and its owners, agents, officers and employees from any and all claims, actions or loses for bodily injury, property damage, wrongful death, loss of services in canoeing. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers and employees of Scott's Canoe Rentals. I/We also give permission for my child to participate in canoeing with the above company. _____ (initial)

The person herein has permission to engage in all prescribed camp activities, except as noted.

Exceptions _____

Legal Parent/Guardian's signature _____

My Signature(If over 18) _____

Date _____, Notary Seal and Signature _____

* Signatures, dates and notary seal are required to complete this form and attend camp.