

Participant Information Disclosure Consent and Release

Participant's name: _____

I wish to participate in a Holston Conference Camp and Retreat Ministries, Inc. adventure camping/recreation event.

I acknowledge that I am fully aware that the activities associated with this event entails certain inherent risks including damage to property, personal injury, and even death. In consideration for being permitted to participate in this activity, I agree to assume all such risks and hereby release and discharge Holston Conference Camp and Retreat Ministries, Inc., its officers, sponsors, trustees, employees, agents, and other aids and/or volunteers from any and all liability for any and all damage, loss, injury, or death of every kind and nature whatsoever which in any way arises out of my participation in this activity.

Event: _____ Date: _____

Affiliated Camp: **Camp Wesley Woods**

Participant's Signature

Parent/Guardian Signature (participant under 18)

Check if you would like to receive more information about Camp Wesley Woods.

Personal Medical Information

Date of last Tetanus shot or booster: _____ Known
allergies: _____ Special Medical
Considerations: _____

I hereby give permission to the medical personnel selected by the camp to order X-rays, routine tests and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. I give permission for me/my child to be transported in a private vehicle if necessary.

I give permission for photographs taken of me/or my child to be used for camp publicity.

I give permission for luggage to be treated should a positive result occur from the bed bug inspection.

Signature of parent/ guardian or adult camper/staff: _____

This form may be photocopied for use out of camp. **Date:** _____

Family Insurance Company: Policy #: _____
InsuranceSubscriber'sName: _____ SS#: _____ Insurance
Claims Address: _____
Pre-Authorization Phone # if required: (____) ____ - _____

Parent/Guardian/Spouse: _____ Home Phone: (____) ____ - _____
Address: _____ Work Phone: (____) ____ - _____
City: _____ State: _____ Zip: _____ Cellular Phone: (____) ____ - _____ Email: _____

In an emergency situation, use these contacts as necessary:

Emergency Contact: _____