



ACTIVITY RELEASE & CONSENT FORM

One of these needed for EVERY person on property. Heads of household can sign one form and list family members on the back of this form.



Camper's Name _____ Age _____ Gender _____ Dates of Camp _____

Name of Church or Organization _____

Parent/Guardian of Minor OR Self *Please print clearly* First Name _____ Last Name _____

Phone # _____ Emergency Name and Phone Number _____

Mailing Address _____ City _____ State _____ Zip _____

Consent for Medical Treatment

The undersigned do hereby authorize the Directors of Thousand Pines Camp, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for above named camper which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, at a hospital or elsewhere. The above-mentioned agent is authorized to make decisions concerning the health and general welfare of above named camper. I give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for myself. This authorization will remain effective while the undersigned is in the care of the above agents for the duration of the stay at camp.

Physical Activity Release

Camp activities include, but are not limited to, hiking, swimming, mountain biking, low and high confidence course activities, dirt boarding, BB target shooting, archery and paintball adventure games. There are risks of physical injury or harm from participating in high adventure activities. I voluntarily elect to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Thousand Pines, its officers, employees, and agents from all liability for any injury or harm to me (or my minor) from participating in the said activities, whether the injury or harm is caused by the negligence of Thousand Pines or otherwise. I further release the use of camper's likeness, voice, and words in video, film and print to Thousand Pines. I have read and understood this release of liability.

Parent/Guardian of Minor OR Self _____ Date _____