

Harvey Cedars Lutheran Retreat
MEDICAL RELEASE AND GENERAL PERMISSION FORM

Name of Participant (please print) _____

Address _____

Phone Number _____

Date of Birth _____ Age _____ Grade _____

Participants, Physician's Name _____

Hospital/Clinic and Address _____

Phone Number _____

1. Participant is allergic to: _____
2. Please list any restrictions on diet or exercise: _____
3. Is the participant on regular medication? If so, please list the drugs, dosages, frequency and any instructions:

4. Does the participant have any special needs or problems? If so, please list:

5. If you/your child have medical/emotional or behavioral issues, please speak to the pastor or lead youth advisor of the church to help them understand the best and most helpful way to respond to your child's needs.

Please note that no drugs are to be brought to the event other than those listed above.

RELEASE OF ALL CLAIMS

In consideration of being a participant at the Harvey Cedars Lutheran Youth Retreat,

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Harvey Cedars Lutheran Youth Retreat, Harvey Cedars Bible Conference, the volunteers, and agents thereof from any and all liability, claims and demands for personal injury. Sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said participation in the Harvey Cedars Lutheran Youth Retreat, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in the Harvey Cedars Lutheran Youth Retreat, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) give permission for my child to receive over the counter medication such as Tylenol, ibuprofen, anti-diarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also release the participant's name as part of an information database for the Harvey Cedars Lutheran Retreat and the Harvey Cedars Bible Conference related entities. I (we) also grant the Harvey Cedars Lutheran Retreat unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

Parent's/Guardian's signature: _____ Phone: _____ Date: _____

Participant's signature: (if over 18): _____ Phone: _____ Date: _____

Emergency contact: _____ Phone: _____ Date: _____

Name and address of insurance company _____

Member # _____ Group # _____

****Please attach a photocopy of both sides of participant's insurance card ****