



HEALTH & WAIVER FORM

(Use one form per camper)

CABIN _____

Camper's Last Name _____ Camper's First Name _____ Middle Initial _____

Gender _____ Age _____ DOB _____ / _____ / _____ Session(s) Attending _____

Parent(s)/Guardian(s) _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact (other than parent/guardian) _____

Emergency Contact's Phone _____ Emergency Contact's Other Phone _____

Medical/hospital insurance (circle one) YES or NO **Preferred medical center** (circle one) MAYO OMC OTHER (please specify) _____

Health Ins. Company _____ Insurance ID# _____ Family Doctor _____

Does your child have any special needs that we should anticipate? (For example: ADHD, allergies, special diet, physical, mental or behavioral challenges, etc.) (circle one) YES or NO If yes, please describe: _____

Has your child had any past medical treatment? _____

IMMUNIZATION RECORD (please mail, fax, or attach a copy of your child's complete immunization record)

Vaccine	Date of Last Immunization or Booster
DTP or DT (Diphtheria, Tetanus, Pertussis)	
Tetanus	
Polio (OPV or IPV)	
MMR (Measles, Mumps, Rubella)	
Hepatitis B	
Haemphluis Influenza (HIB)	
Varicella (Chicken Pox)	

All guardians will speak with a camp nurse during check-in, and at that time the nurse will collect all medications. Please send any medication in a lock cap bottle with complete instructions and current pharmacy label/prescription orders attached. These should be placed in a zip lock bag with camper's name clearly marked on the outside. **Any medication not marked in this way, will not be accepted.**

PLEASE LIST ALL PRESCRIPTIONS AND MEDICATIONS (specify dosage instructions):

CHILD PICK-UP AND RELEASE

For security reasons Camp Victory will only release campers to the individual's named on this form. Camp Victory may request to see a photo ID.

(Name) _____ (Relationship) _____

(Name) _____ (Relationship) _____

(Name) _____ (Relationship) _____

(Name) _____ (Relationship) _____

In consideration of the services of Camp Victory Ministries, Inc., its members, directors, officers, employees, volunteers, agents, successors and assigns (collectively, "Camp Victory"), I agree to the following. Although Camp Victory has taken reasonable steps, including without limitation, to provide me with proper instruction, appropriate equipment and guidance, so that I can participate in, and enjoy Camp Victory activities, for which I may or may not be skilled, including, but not limited to, swimming, climbing, zip line, paintball, riflery, archery, mountain boarding, snow tubing, sledding, broomball and other sports ("Camp Victory Activities"). I recognize and understand that Camp Victory Activities are not without risk. Certain risk can not be eliminated without destroying the unique character of the Camp Victory Activities. The same elements that contribute to the unique element of the activity can be cause of loss or damage to my equipment or accidental injury, illness, or, in extreme cases, permanent trauma or death.

Waiver of Liability and Release. I, for myself, heirs, successors and assigns, and for and on behalf of my participating minor child, agree to indemnify Camp Victory against, and hold Camp Victory harmless and forever release, remise, and discharge Camp Victory, its managers, directors, employees, volunteers, sponsors, agents, successors and assigns from any and all claims, demands, actions, causes of action, suits, proceedings, costs, expenses, damages and liabilities, including attorneys fees, which I, or my child, may have, now has, or which may accrue in my or their favor in the future, which may arise out of the injury, loss or damage to person or personal property, including, without limitation, all consequential damages, whether such injury, loss or damage be known or unknown, present or future, by virtue of or in any way arising out of or resulting from my or my child's participating in Camp Victory Activities and activities incidental thereto regardless of how the injury may arise, regardless of who is at fault or whose negligence caused such injury or loss or damage. Camp Victory does not warrant the safety of any person(s) participating in Camp Victory Activities and activities incidental thereto. I certify that I and my participating minor child are fully capable of participating in Camp Victory Activities. Therefore, I assume full responsibility for myself and my minor child, for bodily injury, death, and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my or my minor child's actions in participating in Camp Victory Activities.

I hereby grant and convey to Camp Victory all right, title and interest in any photographic or video images or audio recording made for publicity and other purposes. In cases of moderate to serious injury, accident or illness of my child, I grant my permission for a licensed physician to treat my child. In cases of minor or mild injury, accident or illness of my child, I grant my permission for him/her to be treated by a member of Camp Victory staff. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants. I also give the camp full authority in dealing with problems of discipline.

I and my participating minor child have read, understood and accepted the terms and conditions stated herein and voluntarily sign this Health and Waiver Form to acknowledge that it shall be effective and binding upon me, my heirs, successors, and assigns, and for and on behalf of my participating minor child.

(Printed Parent's/Guardian's Name)

(Signature)

(Date)

(Printed Minor Child's Name)

(Signature)

(Date)

Please bring this form with you to camp!