



Laurel Mountain Christian Camp
Guest Health History & Release of Liability

421 Weaver Mill Rd.
Rector, PA 15677
1.800.985.4504
724.238.2400
Info@LMChristianCamp.org
www.LMChristianCamp.org

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____ T-shirt Size _____

Date of Birth ____/____/____ [] Male [] Female Email _____

Phone _____ Cell/Work _____

In case of an emergency, please notify:

Name _____ Relationship _____

Phone _____ Cell/Work _____

Insurance Carrier _____
Insurance Carrier Phone _____
Policy Number _____ Group Number _____
Policy Holder's Name _____ Social Security No. ____-____-____
Family Physician _____ Phone _____
Dentist _____ Phone _____

Are there any restrictions that would prevent you from safely participating in Camp activities? If yes, please explain _____

List any surgeries, injuries or other illnesses that we might need to be aware of _____

List any allergies to meds/food/bee stings/etc. _____

List medication(s) currently being taken. All medications must be in the original prescription bottle with the patient's name, dosage and instructions for use on the label. For the safety of our campers and staff, please secure all prescription and over-the-counter medications in a safe location, out of sight.

Medication Dosage Frequency Reason

Participant Authorization: This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give my permission to the camp's health care provider to provide routine health care; to administer medication; to order x-rays, routine tests, treatment; to release any record as necessary for insurance purposes; and to provide or arrange necessary transportation to the local medical facility. In the event of an emergency, I hereby give permission to the physician or dentist selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I affirm that the camp, its staff and volunteers are held harmless from any liability claims, judgments, and costs incurred during my stay at the facility or involvement in the camp experience. I give permission for my picture and/or quotes to be used in brochures, publications and visual presentations promoting LMCC. Must be signed by a parent or guardian, if participant is under 18.
Signature _____ Date _____



2354 State Route 381 Rector, PA 15677
724.238.2400

Release of Liability

Warning: There are significant elements of risk in any adventure, sport, activity, or training associated with a swimming pool/lake, climbing wall or ropes course (herein referred to as "activity"), and the use of any equipment.

Acknowledgement of Risks: I recognize the fact that there is a danger in participating in any type of activity, even though safety systems are provided. These risks may result in serious injury or death, and may include, but are not limited to: a) falls; b) risk associated with climbing or repelling; c) equipment failure; d) my/other participants' physical coordination, sense of balance, decision making, and the ability to follow or give directions; e) failure on my part to disclose a medical condition and/or physical activity concern that I might have.

I also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity, that personal property may be damaged or lost, and that wearing appropriate clothing and footwear are basic safety precautions.

Express Assumption of Risk & Responsibility: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible will engage in, I affirm that I am physically and mentally capable of participating in the activity and/or using equipment. I realize it is my responsibility to inform my facilitator of any medical condition and/or physical activity concern I may have, and to limit my participation in any way I deem appropriate. I participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illnesses, including death, and any expenses as a result of my negligence or the negligence of any minor children for which I am responsible. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents and/or illnesses, including but not limited to: sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, and abrasions; contusions, spinal injuries; animal bite or attack; insect bite or allergic reaction; shock, paralysis and/or death; and acknowledge that during the activity I may experience fatigue, chill and/or dizziness that may diminish my reaction time and increase the risk of accident.

Covenant of Good Faith: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature; medical necessities or problems in the group; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to activity objectives.

Authorization: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

Release: In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, and heirs, personal representatives or assigns, do hereby release: Laurel Mountain Christian Camp, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability. I also agree to allow any pictures or video taken by LMCC of myself to be used without compensation in any of the camp's promotional materials.

I have read and understand the foregoing acknowledgment of risk, assumption of risk & responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal rights. My signature on this document is also intended to bind my heirs, representatives, executors, administrators, successors and assigns.

Participant's Name: _____ Age: _____ Home Phone: _____

Mailing Address: _____

Participant's Signature: _____ Date: _____

Parent/Legal Guardian Signature (if participant is under 18): _____ Date: _____

In case of emergency, please notify: _____ Phone: _____