



Medical/Liability Release Form

Camp: _____ Dates: _____

This form must complete for each camper

Camper Name: _____

Parent/Guardian Name (for minors): _____

Phone #: _____

LIABILITY RELEASE

LIABILITY RELEASE (as required by insurance):

The undersigned, for himself or herself and personal representatives, assigns, heirs, and next of kin (therein referred to as releasors), hereby releases, waives, discharges and covenants not to sue Mt Hope Bible Camp, or its agents, servants, and employees (therein referred to as releasees) from all liability to the releasors for all loss or damage and any claim or demands on account of injury to the person or property of the releasors, whether caused by the negligence of releasees or otherwise while participating in activities associated with the releasees to the fullest extent of the law. The undersigned is fully aware of the inherent hazards and hereby elects to participate voluntarily and assume all risks of loss, damage or injury that may be sustained by him or her.

PERMISSION TO PARTICIPATE IN CAMP ACTIVITIES

I, _____, (Or Parent/Guardian of minor) give permission to **below approved camper** to participate in **all camp activities**. I am aware that camp activities can involve physically and emotionally demanding activities such as, but not limited to, running, jumping, sliding, tumbling, swimming, shouting, climbing, and being hit by rubber balls (dodgeball).

Name of approved camper: _____

Signature of parent of guardian (for minors): _____

Date: _____

MEDICATIONS

NON-PRESCRIPTION MEDICATIONS:

Occasionally, it is necessary to provide campers with non-prescription medications when they are at camp. By selecting medications from the list, you are giving Mt Hope Staff authorization to administer such medication. We will not give any medications without this authorization.

Circle Yes or No for each medication you authorize the camp to administer:

YES	NO	Pepto-Bismo	YES	NO	Tylenol
YES	NO	Tums	YES	NO	Benadryl
YES	NO	Cough Drops	YES	NO	Neosporin
YES	NO	Advil	YES	NO	Cortisone .5%

PRESCRIPTION MEDICATIONS:

All prescription medications must be in the original container and accompanied by a note with COMPLETE instructions for administration and it must be SIGNED by camper's legal guardian .

MEDICAL RELEASE

I, (or the guardian of) _____, hereby authorize the administration of any medical attention deemed necessary by the staff of Mt Hope Bible Camp during the dates of the camp indicated on this form. I understand that an attempt shall be made to contact me in such an event. I understand that Mt Hoe Bible Camp does not carry medical insurance for the campers and any medical costs occurring due to a medical emergency will be my responsibility.

Camper or Parent or Guardian Signature for minor

Date