



GENERAL RELEASE OF LIABILITY FORM FOR YOU & ME CAMP

FAMILY MEMBER NAMES:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

CAMP NAME: _____ **DATES:** _____

PHOTO RELEASE:

I understand that photographs, video and/or digital images (hereinafter "images") may be taken of me or my minors during participation in various activities while at Highlands. I understand that no names or personal contact information will accompany any images. I understand that these images may be used in web-site photo albums and other promotional materials and/or publications. I acknowledge below that I do consent to such images of me or my minor's likeness being taken and do not request compensation for the use of my minor's likeness.

TRANSPORTATION RELEASE:

I give permission for me and/or my family members to be transported by Highlands' staff in approved vehicles on and off premises for program activities, and medical care.

MEDICAL INFORMATION:

I am aware that participating in any physical activity may be dangerous. Because of the inherent dangers of participation in such activities, I recognize the importance of following directions of the counselor/ facilitator/ instructor and agree to obey such counselors/facilitators/ instructors to the best of my ability.

A participating family member is currently under a doctor's care for, or has an existing health condition, which may impact participation in the following ways:

<u>Name</u>	<u>Condition/Restriction</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

A participating family member is currently taking the following medication:

<u>Name</u>	<u>Medication</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

A participating family member is allergic to the following medication, food or allergen:

<u>Name</u>	<u>Medication, Food, Allergen/Reaction</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

A participating family member has special dietary needs. If anyone is a vegetarian, please indicate type (lacto-ovo, vegan, etc.):

<u>Name</u>	<u>Special needs/dietary requests</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

For Adult Participants:

Name: _____ Current tetanus booster was given on _____.

Name: _____ Current tetanus booster was given on _____.

Name: _____ Current tetanus booster was given on _____.

In case of an emergency, we will call 911. It takes at least 10 minutes for an ambulance to reach Highlands. Highlands has several trained First Responders on staff and at least one of them should be available to help with your emergent health needs. Our facility has an AED and portable oxygen on site. Adult participants manage their own medications, please bring what you anticipate needing. There is a clinic, hospital and pharmacy available to you in Estes Park, 17 miles/30 minutes from Highlands.

In case of Emergency: Please list the participant’s emergency contact’s name, phone number, and their relationship to the participant.

RELEASE OF LIABILITY:

I understand that parts of the Highlands Presbyterian Camp and Retreat Center’s Adult and Family Retreats may be physically and/or emotionally demanding. I affirm that my health and that of my family members is good, and that I/we are not under a physician’s care for any undisclosed condition that bears upon my/our fitness to participate in activities including the Challenge Course, rock climbing, hiking, aquatic activities, and archery. I understand that each participant must assume the risk of physical injury that could result from any activity related to Adult and Family Retreats. I hereby consent to first aid and/or emergency medical care for treatment of injuries that I or my family members may sustain while participating in any activity while at Highlands Presbyterian Camp and Retreat Center. I understand that by signing this, I hereby release Highlands Presbyterian Camp and Retreat Center, its owner and employees, and all individuals assisting in the instruction and conduct of the Highlands Presbyterian Camp & Retreat Center Adult and Family Retreat activities from any and all liability. I have carefully read this Release of Liability and fully understand its content.

I hereby give my permission to the medical personnel selected by Highlands Camp and Retreat Center to order x-rays, routine tests, and treatment. In the event I cannot make that decision in an emergency, I hereby give permission to the physician selected by Highlands’ staff to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery. This form may be photocopied for use out of camp and information on it will be shared with camp staff on a “need to know” basis.

Legal Guardian Signature Date