

COMPLETE AND BRING WITH YOU TO CHECK-IN

Adult Medical/COVID-19/Liability RELEASE FORM

Name _____ Emergency Contact Number _____
 Gender _____ Age _____ Alternate Phone # (home or cell) _____
 Address _____ City _____ ST _____ Zip _____
 Email Address _____ Event Attending _____

Medical Release: Should medical treatment be necessary for any participant, camp personnel will take the participant to a hospital emergency room. Before treatment can be rendered, we must provide them with the medical information and a release form. Please complete this form and sign below indicating your consent and permission for an authorized agent of Camp Highland to sign an "Authorization for Emergency Treatment" for the participant on your behalf should medical treatment be necessary at the time of an emergency that requires immediate care. If such treatment or injury should occur, you will be notified immediately. Please provide us with your insurance information.

Please CIRCLE any ailments or conditions to which the participant is subject:

Drug reactions/allergies _____ Heart problems _____ Respiratory problems _____
 Allergies _____ Headaches _____ Kidney problems _____ Other (list below) _____

I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in camp activities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

COVID-19: COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Camp Highland has put in place preventative measures to reduce the spread of COVID-19; however, Camp Highland cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Highland may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp Highland's employees, volunteers, and program participants and their families.

If I have any pre-existing conditions, as stated by the CDC, I realize that I am at an increased risk of severe illness if COVID-19 is contracted. I understand that if I have a pre-existing illness it increases the implied risk of COVID-19.

I attest that I have NOT been diagnosed with COVID-19 in the last 10 days and I have NOT been in close contact with someone exposed to or infected with COVID-19 in the last week. I further attest that I have not had COVID-19 symptoms, as stated by the CDC, in the last week without getting a COVID-19 test that I can share prior to arrival.

Release of Liability: Camp Highland (Highland Day Camp, Highland Corporate Adventures) is an adventure challenge camp that provides voluntary participation in strenuous and potentially dangerous activities. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while the rules, equipment and personal discipline may reduce the risk of serious injury, the potential of injury/death does exist. I assume full responsibility for my, and/or my child's participation. I willingly comply with the stated and customary terms and conditions of participation. If I, however, observe any unusual significant hazard during my presence or participation, I will remove myself and/or my child's participation and bring such attention to the nearest camp personnel immediately. I, for myself, or on behalf of my child, heirs, assignors and personal representatives, do hereby release and hold harmless Camp Highland, Highland Day Camp, Highland Corporate Adventures, Make a Difference Ministries, Inc, or their officers, agents and/or employees, other participants, sponsoring agents, property owner(s), lessors of premises used to conduct activities. I release Camp Highland with respect to any and all injury, disability, death, or loss of damage to personal property. I also understand that pictures and/or video might be recorded during my time at camp and hereby permit Camp Highland to make use of any photographs or video of me and/or my family for any promotional materials produced from those images.

I have read and understand this Medical Release, COVID-19, and Release of Liability risk agreement as legally binding and sign it voluntarily.

Printed Name _____

Participant's Signature X _____ Date _____ (if over 18 years of age)