

COMPLETE AND BRING WITH YOU TO CHECK-IN

Child Medical/COVID-19/Liability RELEASE FORM

Child's Name _____ Emergency Contact Number _____
Gender _____ Age _____ Alternate Phone # (home or cell) _____
Address _____ City _____ ST _____ Zip _____
Email Address _____ Group Name _____

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 that covers the camper.

Medical History: Please CIRCLE any ailments or conditions to which the camper is subject:

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

I represent that my child has adequate insurance to cover any injury or illness they 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 my child has no medical or physical condition which could interfere with their 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 your child will not become infected with COVID-19. Further, participation could increase their risk of contracting COVID-19.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child 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 my child becoming exposed to or infected by COVID-19 at Camp Highland may result from the actions, omissions, or negligence of themselves and others, including, but not limited to, Camp Highland's employees, volunteers, and program participants and their families.

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

I attest that my child has NOT been diagnosed with COVID-19 in the last 10 days and has NOT been in close contact with someone exposed to or infected with COVID-19 in the last week. I further attest that my child has 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) 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, 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/ videos might be recorded during my child's time at camp and hereby permit Camp Highland to make use of any photographs/videos of my child for any marketing purposes.

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 of Parent or Guardian _____

Parent or Guardian Signature X _____ Date _____