WATERMARKS CAMP Liability Release Form (to be filled out by parent/guardian if camper is under 18)

WATERMARKS CAMP & RETREAT CENTER

Name:	CAMPER INFORMATION		CAM	IP & REII	REAL
Address: State: Zip Code: Date of Birth:	Name:	_ Dates Attending:	1	1	
Name of Group Attending With: PARENT/GUARDIAN INFORMATION (fill out if camper is under 18. If camper is over 18. leave section below blank) Mother's Name: Father's Name: Mother's Phone: Father's Phone: Phone			Zip Code:		
PARENT/GUARDIAN INFORMATION (fill out if camper is under 18. If camper is over 18, leave section below blank) Mother's Name:	Date of Birth: / /	Age:	Gender:		
Mother's Name:	Name of Group Attending With:				
Mother's Name:	PARENT/GUARDIAN INFORMATION (fill out if car	mper is under 18. If camper is over	18, leave section	below blank)	
HEALTH/MEDICAL INFORMATION Health/Medical Problems: Food/Drug Allergies: Regular Medications: Activity/Physical Restrictions: Family Doctor: Insurance Name: Phone: Phone: Phon	Mother's Name:	Father's Name:			
Health/Medical Problems: Food/Drug Allergies: Regular Medications: Activity/Physical Restrictions: Phone:	Mother's Phone:	Father's Phone:	-	-	
Food/Drug Allergies: Regular Medications: Activity/Physical Restrictions: Family Doctor: Phone: Phone: Phone: Policy Holder: Policy Holder: Policy Number: Last Tetanus: Last Tetanus: Last Tetanus: Watermarks and/or group leader/nurse has permission to administer:					
Regular Medications: Activity/Physical Restrictions: Family Doctor:					
Activity/Physical Restrictions: Family Doctor:					
Family Doctor:					
Insurance Name:			-	-	
Policy Holder:			-	-	
Policy Number:			Holder:	1	/
Watermarks and/or group leader/nurse has permission to administer:			1	1	
Ibuprofen					
EMERGENCY CONTACT Name:	Ibuprofen Tylenol	Advil			
CONSENT (please check boxes and sign the bottom to certify that you have read and agree to these policies) The undersigned hereby acknowledges that there is risk in simply attending &/or participating in activities at Watermarks. Watermarks will not be held responsible or liable for any injury, loss, sickness, or disease experienced during, after, or before any event at Watermarks. The programs and activities at Watermarks involve physical activity and carry risk of injury and I hereby assume those risks in enrolling my child or myself. I grant permission for my child or myself to participate in activities provided by and located at Watermarks Camp. If I do not wish for my child or myself to participate in any activity, it is my responsibility to inform my group prior to arrival. I grant permission for my child or myself to receive medical attention from Watermarks or by designated group leaders. If there are any activities that are known to not participate in or any prior injuries that could limit activities or experience please state below: I understand that my child or myself may be transported by bus, car, or utility vehicles to locations on the Watermarks campus as part of the program activities, and I hereby give my permission for my child or myself to participate and utilize transportation. I grant permission for my child to receive transportation for Emergency Care should I not be able to be reached in a timely manner. Watermarks Camp and staff are not liable or responsible for any loss or damage to any personal items brought to camp. Watermarks doesn't provide a lost and found and any items left after departure of event will be discarded. I consent for Watermarks to use my child's or my image or voice in any video, photograph, or audio tape used for fundraising, advertising, or publicity.	Cough Meds Band Aids	Neosporin/W	ound Cleaner	•	
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	Signature: (Parent/Guardian sign if camper in under 18)	Date: /	1		