

DuBOIS CENTER • HEALTH INFORMATION and PERMISSION FORM

A completed form is required for each participant. Leaders should collect and turn forms in upon arrival at designated area.

PERMISSION & AUTHORIZATIONS – Signatures Required

<u>Group or School</u>	<u>Date of Participation</u>			<u>Age</u>
<u>Name of Participant</u>	<u>Last</u>	<u>First</u>	<u>MI</u>	<u>(if under 21)</u>

ALLERGIES: List all known – bee sting, animals, dust, food, medicine, asthma, etc. Describe reaction and management of the reaction.

MEDICAL CONDITIONS: Describe any medical conditions that might be affected by horseback riding or other camp activities, for example – any muscle or skeletal issues.

PERMISSION FOR PARTICIPATION IN CAMP ACTIVITIES:

There are challenges inherent with participation in any camp activity, including but not limited to archery, boating, challenge course, crafts, games, hiking, horseback riding, nature activities, swimming, wagon rides and work projects. I understand that these challenges, which contribute to the unique character and desirability of the activities involved, pose the possibility of severe injury, illness or death. I further understand that many of these activities take place in an outdoor environment. For this and other reasons, I understand the challenges often cannot be eliminated, altered, or controlled. I give permission for myself and/or my child to participate in all camp activities, including but not limited to those described above. I acknowledge and assume the risks involved in these activities, and for any damage, illness, injury, or death resulting from such risks, for myself and my child. There are no physical, emotional or mental problems or limitations associated with my child's or my participation in camp activities, except as disclosed by me to DuBois Center in writing below. I have read and understand the above, and agree to the terms of this waiver.

ACTIVITY RESTRICTIONS: _____

Signature of Parent / Guardian or Adult Participant	Date
--	-------------

PERMISSION FOR EMERGENCY TREATMENT AND FIRST AID:

I hereby give my permission to DuBois Center to provide emergency treatment and first aid for me/my child, as may be necessary as a result of an incident while participating in an activity led by DuBois Center staff. I also give permission to DuBois Center to arrange related emergency transportation. In the case of minors, I understand that my child's group leader(s) (i.e. classroom teacher, pastor, troop leaders, youth leader) is the individual acting *in loco parentis*, not DuBois Center staff.

Signature of Parent / Guardian or Adult Participant	Date
--	-------------

NAME of Parent/Guardian or Emergency Contact - PLEASE PRINT	Emergency Phone Number
--	-----------------------------------

DUBOIS CENTER PHOTO RELEASE:

Periodically, DuBois Center utilizes brochures, newsletters, media productions such as PowerPoint presentations, videos, and our web page to interpret and promote our ministry and programs. Recognizing the value of these interpretive materials, I hereby grant DuBois Center, the Illinois South Conference of the United Church of Christ, or their designated agents, permission to use images of the named participant for interpretive or promotional efforts.

Signature of Parent / Guardian or Adult Participant	Date
--	-------------
