Retreat Release Form

camp forest springs ®

All participants must complete this form.

Last Name First Initial

___/___/___ _____ ❑ Male ❑ Female

Birthdate Age

Parent/Guardian (if under 18 years of age)

Address

City State Zip + 4

(____)_____ (____) _____

Home Phone # Emergency Phone #

Health Insurance Company

Insurance Policy # Expiration Date

List any physical or health conditions that may affect you/your child's experience at camp:

Are you or your child allergic to anything? If so, what action is required if exposed?

I certify that my child or I am in good health, free from communicable diseases, and is able to participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for me/my child as named above.
I also understand that my/my child's participation in this activity can expose me/my child to dangers both from known risks and unanticipated risks. I hereby release and discharge Camp Forest Springs, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child may suffer while participating in the activity.

Signature of participant or parent/guardian (age 18 or older) Date

Please Note: Wisconsin state law requires that all medication brought to camp by a camper under 18 years of age be kept by the sponsoring organizations adult leadership in a locked unit, and to be administered by those leaders. Please have your medication clearly labeled.