

LOLYA Winter Retreat 2015
Journey of Faith @ Camp Cedar Crest
Health & Release Form

General Information (Please Print All Information)

Church Name _____ Event Dates : 12/27/2015 – 12/30/2015
Participant's Full Name _____
Date of Birth _____ Age _____ Gender: Male / Female
Guardian Name _____ Relationship _____
Address _____ City _____
State _____ Zip _____ Home Phone (_____) _____
Work Phone (_____) _____ Cell/Pager (_____) _____ Emergency Contact Name (other than guardian) _____
Relationship _____ Phone (_____) _____

Health Information

Health Problems/Activity Restrictions _____ Allergic Reactions/Drug Allergies _____
Medications (must be sent in prescription bottle with label) _____
Date of last Tetanus Shot _____ Date of last Physical Examination _____

Church must be notified of participants that have been exposed to a communicable disease prior to the retreat.

Health/Medical Insurance Carrier _____ Policy # _____

Release of Liability Declaration (Guardian & Participant please read, sign & date the following)

1. I, the undersigned, hereby give permission for the above named child to attend the sponsored program by LOLYA(Live Out Loud Youth Alliance) and Joint Churches in Camp Cedar Crest. I agree to release and hold harmless of LOLYA and the joint churches sponsoring this event and also Camp Cedar Crest or its agents for any and all claims for injuries, causes of action, the rendering of emergency care, or liability related to use or participation in all activities.
These activities may include, but are not limited to: Transportation, Hiking, walking, group activities, and other recreational activities. I also give permission for participation in any offsite activities and/or to be transported to and from any offsite activities, or emergency locations, if any, by authorized vehicles. This also includes any transportation to and from church to the conference center and back.
2. I hereby give my permission for nonprescription medication and first aid treatment to be given to the child if deemed advisable by the Joint Church Leaders and/or Camp Cedar Crest Staffs.
3. In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to the physician selected by the child's Joint Church leaders and/or Camp Cedar Crest staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the above named child.
4. I give permission to LOLYA and the Joint Retreat Churches to photograph and video tape the child for the use in any future promotional materials, including any website postings, without expectation of compensation.

I have read and understand this Release of Liability Declaration, and voluntarily sign it.

Guardian Signature Date

Participant Signature Date