

Medical/Liability Release Form

Midwest Camp at Faholo Christian Conference Center

This form must be completed for all campers under 18 attending Midwest Camp without a parent present.

Name of Camper

Age

Name of Guardian (to be present at Midwest Camp)

Liability Release

Be known by all men that I, _____ of _____
(Name of Parent) (Home Address)

in consideration of, and as part payment for, the right to participate in Midwest Camp, do hereby fully assume all risk of illness, injury, property damage, or death, and hereby release and discharge Northfield Christian Fellowship and its agents and associates from all actions, claims, or demands for damages resulting from my child's participation in the camp.

This release of liability shall be binding upon me personally, as well as upon my heirs, executors, and all members of my family.

I have carefully read this agreement and understand its contents fully. I furthermore agree to all conditions set forth in the preceding paragraphs. I also acknowledge that I have carefully read the Registration Form, especially noting the ***Guidelines***.

(Parent's Signature)

(Date)

(Parent's Signature)

(Date)

(Guardian's Signature)

(Date)

Medical Release

Information to be completed by parent:

Parent's Name:	Home phone:
Address:	Cell phone:
City/State/Zip:	Work phone:

Please check if camper has had any of the following:

- | | | |
|---|---|---------------------------------------|
| ☐ Chicken Pox | ☐ Severe Stomachaches | ☐ Sinusitis |
| ☐ Frequent Colds | ☐ Tonsillitis | ☐ Appendicitis |
| ☐ Mumps | ☐ Epilepsy or fainting | ☐ Toothaches |
| ☐ Measles (red) | ☐ Rheumatic Fever | |
| ☐ Hay Fever | ☐ Ear Trouble | |
| ☐ Hepatitis | ☐ Asthma | |
| ☐ Measles (German) | ☐ Whooping Cough | |

Any other medical conditions: _____

To the best of my knowledge, my child is in good health. I will notify the Camp Registrar if my child is exposed to an infectious disease during the three weeks prior to arriving at camp. In the case of a medical emergency, I understand every effort will be made to contact me or the designated guardian. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Staff to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above.

(Parent's Signature)

(Date)