Medical/Liability Release Form

Midwest Camp at Lake Placid 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, _____ (Name of parent) of _____ (Home Address)

in consideration of, and as part of 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 it's 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 read carefully 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:
Camper's Medical Insurance Company:	Plan or Group Number:
Insured ID or Medical Number:	Insurance Co. Phone:

In order to help us ensure your child's safety at camp, please include all information regarding special circumstances pertaining to your child's physical and mental health, including recent injuries or surgeries, chronic medical conditions, current medications, and allergies:

_____

_____

_____

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: _____