

# Character Camp ~ Leadership Retreat 2024

## MEDICAL/PERMISSION AND RELEASE FORM

ADULT'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ T-Shirt Sz. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

**IN EMERGENCY NOTIFY:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURER \_\_\_\_\_ POLICY # \_\_\_\_\_

IMMUNIZATIONS:  TETANUS  MENINGITIS  VARICELLA  MEASLES  MUMPS  RUBELLA

HEPATITIS A/B  OTHER: \_\_\_\_\_

ALLERGIES	CURRENT MEDICATIONS
List Allergen and Reaction <i>Ex: Peanuts- Shortness of breath</i>	List Name and Dosage <i>Ex: Zyrtec 5mg by Mouth Once Daily</i>
_____	_____
_____	_____
_____	_____
_____	_____

### MEDICAL HISTORY

(Check all that apply)

Asthma  Seasonal Allergies  Eczema  Kidney Trouble  Diabetes  Heart Trouble

Dizziness  Stomach upset  Other \_\_\_\_\_

Previous surgeries or serious illnesses \_\_\_\_\_

Special diet (name): \_\_\_\_\_

Childhood diseases:  Chickenpox  Measles  Mumps  Whooping Cough

Other (list): \_\_\_\_\_

### RELEASE FOR PARTICIPATION, MEDICAL TREATMENT AND PHOTO

My permission is granted for Character Camp and its affiliates, including their chaperones and staff in charge to obtain necessary medical attention in case of sickness or injury to myself. I understand this is also an authorization for blood transfusions if deemed necessary by proper medical authorities.

I, the undersigned, do hereby verify that I am the above named adult individual and that the above information is correct and complete and I do hereby release and forever discharge all sponsors, Character Camp and its affiliates from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or injury to me while I am employed by or participating in any activities involving Character Camp and/or its affiliates. I understand all payments are final and no refunds will be given.

I hereby grant Character Camp permission to record and to use my likeness in audio recording and both still and motion photography in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials are the property solely of Character Camp and will not be returned. I hereby irrevocably authorize Character Camp and its representatives to edit, alter, copy, exhibit, publish or distribute such audio recordings and photography for purposes of publicizing Character Camp's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising from or related to the use of the audio recording, photograph or video. I hereby hold harmless and release and forever discharge Character Camp and its representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

State of \_\_\_\_\_ County of \_\_\_\_\_

Printed Name \_\_\_\_\_ E-mail \_\_\_\_\_

Legal Signature \_\_\_\_\_