

MEDICAL & LIABILITY RELEASE / ADULTS

With the increasing sophistication of our hospital systems, we have found it necessary to have a signed medical release form in the unlikely event of a serious injury requiring hospital treatment where you are not able to give consent. This release gives us permission to take you to the nearest available medical facility and have the necessary medical treatment administered.

I understand and certify that my participation in Trout Lake Camps retreat, event, conference, or camp is completely voluntary and I have familiarized myself with camp's program and activities in which I will be participating in. I recognize that certain hazards and dangers are inherent in the Trout programs and particularly, but not limited to activities in the snow, water, football, dodgeball, paintball, floor hockey, high ropes course, climbing wall, crate stacking, and skate park. I acknowledge that although Trout has taken safety measures to minimize risk, Trout cannot guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize the importance of knowing and abiding by Trout rules, regulations, and procedures for the safety of camp participants.

I hereby give Trout Lake Camps, our church leadership, or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for my child in the event that camp or church staff deems such treatment necessary. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary.

I also absolve Converge North Central and Trout Lake Camps and/or its staff personnel from liability in acting on my behalf in this regard so long as they are not grossly negligent.

Church Name: _____

My Name: _____

Address: _____

City/State/Zip: _____

Work Phone: _____

Home Phone: _____

Insurance Company: _____

Policy Number: _____

Signature: _____ Date: _____

MEDICAL & LIABILITY RELEASE / STUDENTS

With the increasing sophistication of our hospital systems, we have found it necessary to have a signed parental release form in the unlikely event of a serious injury requiring hospital treatment for your child. This release gives us permission to take your child to the nearest available medical facility and have the necessary medical treatment administered. Many hospitals will not administer any medical attention to a minor without parental consent. Would you please read and sign the statement below.

We understand the arrangements and believe that the necessary precautions and plans for the care and supervision of the child will be taken during this conference. In case of emergency I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Trout Lake Camps, our church leadership, or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for my child in the event that camp or church staff deems such treatment necessary. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary. I also absolve Converge North Central and Trout Lake Camps and/or church personnel from liability in acting on my behalf in this regard so long as they are not grossly negligent.

Church Name: _____

Child's Name: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Work Phone: _____

Home Phone: _____

Insurance Company: _____

Policy Number: _____

Emergency Contact: _____

Relation to Student: _____

Phone 1: _____

Phone 2: _____

May we administer over-the-counter-medications:
(ex: aspirin, Tylenol, Advil, antibiotic ointments, etc)

Additional Medical Comments: _____

Signature: _____ Date: _____