CAMP WILDERNESS RIDGE
P.O. Box 1025 — Smithville, TX 78957
512-237-4442 — 512-237-3661 (fax)
www.wildernessridge.com — camp@wildernessridge.com

CAMPER MEDICAL/LIABILITY RELEASE FORM

INSTRUCTIONS: Complete the Medical/Liability Release form in its entirety. Parent or legal guardian signature is required on both front and reverse side. This is a REQUIRED document for camper to be onsite and participate in camp activities. Texas law requires that the completed original medical form be kept in the Nurses' Station and become a document of permanent CWR record.

Date _____

Camper's Name: _____
First Middle Last (indicate name used)

Address: _____
Street City State Zip

Birth Date: _____/_____/_____ Age:_____ Gender: (M/F)_____

Phone Number: Daytime :(____)_____ Evening: (____)_____ Other: (___)_____

Parent/Legal Guardian:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

MEDICAL INFORMATION

In the event of an accident or special health needs it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

Medications you take for current medical condition (asthma, allergies, etc.

_____

Medications you take occasionally (headaches, etc.)

_____

Do you plan to bring these or any other medications to camp with you? ___ yes ___ no

State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original bottle (prescription or over-the-counter), properly labeled as prescribed by law.

Health Information: Do you have, or have you had

Recent Serious Injury? ____ Yes ____ No
Recent Surgery? ____ Yes ____ No
Chronic Medical Condition? ____ Yes ____ No
Other Health Concerns? ____ Yes ____ No

If YES to any of the above, please describe:

_____

Special Diet?_____

Date of last Tetanus Shot?_____ Immunizations Current?____

Allergies: Food?_____ Drugs?_____

Insect Stings/Bites?_____ Other?_____

Person to Notify in Event of Emergency:_____ Relationship to You: _____

Phone Number of Contact Person: Daytime (___)_____Evening (___)_____Other (___)_____

Family Physician:_____ Phone: (___)_____

Medical Insurance Co.:_____ Plan or Group #_____

Insured ID or Member #:_____ Ins. Co. Phone #:(___)_____

I, _____being the legal guardian of _____give my permission to Camp Wilderness Ridge's management, medical staff, and/or designated camp staff to provide medical treatment that may be deemed necessary to insure the well-being of the named camper. I, the undersigned do hereby verify that the above information is correct and I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Camp Wilderness Ridge sponsored activities.

_____
Signature Date Phone Number

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Wilderness Ridge Inc. dba Camp Wilderness Ridge, hereinafter referred to as the "Camp" requires a signature for all attendees of the Camp and all participants of any Camp activity including, but not limited to, Challenge/Ropes Course (highs and lows), Fishing, Canoeing, Water Toys, Swimming Pool, Camping, Archery, Riflery, and any and all other camp and recreational sports and activities. Furthermore this form releases the Camp to video or photograph and/or use video or photographs of myself or my child for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level **IS AT ALL TIMES COMPLETELY UP TO THE INDIVIDUAL'S CHOICE** and , if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of the Camp, the physical, emotional social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp Activity. **I agree to assume such risks and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Wilderness Ridge Inc. dba Camp Wilderness Ridge from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in ay and/or all Camp activities."**

If you feel that there are any activities in which you or your child should not be involved in, please describe for us below. I understand the Camp Director of Assistant Camp Director of Wilderness Ridge Inc. reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the Camp as determined by the discretion of the Camp Director or Assistant Camp Director. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at Camp Wilderness Ridge.

X_____ X_____

Required Camper's Signature Date Required Parent or Legal Guardian Signature Date
(If Student Camper is 18 years of age or younger)

Activities in which my child/I should not be involved: _____

_____

My child _____can _____ cannot swim. He can participate in swimming pool activities? _____ yes _____ no