

## Minor Form – Under 18

### Uplands Reach Conference Center, Inc.

*Release of Claim, Indemnity, Covenant not to Sue and Consent to Medical Treatment*

**Participant Name (Please Print)** \_\_\_\_\_

The Undersigned desires to participate in the following program activity (the "Program") which is sponsored by Uplands Reach Conference, Inc. ("URCC") as a Conference Center/Camp Activity:

The undersigned acknowledges that (i) his/her participation is voluntary; (ii) he/she has been advised that the Program may not insure against certain kinds of risks related to the undersigned's participation in the Program and that the policies of insurance maintained by URCC may not provide coverage in the event of accidental injury resulting from participation in the Program; (iii) he/she has a current policy of health insurance which provides adequate coverage in the event undersigned is injured in any way as a result of their participation in the program; (iv) he/she understands and acknowledges that participation in the Program necessarily involves the risk of injury and that by signing below and by participating in the Program he/she specifically and knowingly assumes any and all risk(s) of injury, including, but not limited to serious injury or death. The undersigned further hereby consents to the rendering of any medical treatment that may be necessary or appropriate in the event that the Participant is injured and is unable to consent to medical treatment at the time of the injury or at anytime thereafter when medical treatment is appropriate or necessary.

Further, by signing below and participating in the program, the undersigned with the intention of binding himself/herself, and his/her heirs, legal representatives and assigns, expressly releases and discharges URCC, its directors, officers, sponsor(s) and employees of URCC from any and all claims, demands, actions, judgments and executions that the undersigned may have which are created by or arise out of their participation in the Program. The undersigned also agrees that he/she will not bring or prosecute or allow to be brought or prosecuted any claim or suit for damages or any other relief in any way related to their participation in the Program and agrees to indemnify and hold harmless URCC, its directors, officers, sponsors and employees from any such claim of liability or damage, including, but not limited to, any and all legal fees related to the URCC's defense of any such claim of liability or damage.

If the Participant is less than eighteen (18) years of age, the parent or legal guardian of such minor shall sign below. By so signing, the parent or legal guardian, for himself/herself and for any non-signing parent or legal guardian and on behalf of such minor agrees to be bound by the terms of this *Release of Claim, Indemnity, Covenant Not to Sue and Consent to Medical Treatment Agreement*. Camp activities may include rock climbing, horseback riding, hiking, aquatic programs, and low ropes course.

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
Of Participant

\_\_\_\_\_  
Please Print Name

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

SEAL

My Commission Expires: \_\_\_\_\_

(Medical Information must be completed on the back.)

Personal Information – for Medical Use Only (Privacy Data Act of 1974) For Staff Only:  Medical Alert – Meds or Concerns (minor)

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Emergency contact's Numbers: Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Any important information not listed may hinder medical personnel/staff of Uplands Reach Conference Center (URCC) from providing adequate medical attention. Please list any conditions that would make your camper's stay more positive.

Medical/Surgical history, illnesses or health-related issues: \_\_\_\_\_

Medications (Prescription and/or Over-the-counter): \_\_\_\_\_

Please indicate if there are any allergies, sensitivities and/or intolerances to the following and include symptoms of a reaction:

Drug: \_\_\_\_\_

Food (dairy products, eggs, fruit, etc.): \_\_\_\_\_

Other (insects, pollens, etc.): \_\_\_\_\_

The URCC medical staff has written physician orders to administer routine over-the-counter medications and emergency care as needed. Please indicate if there are any over-the-counter medications (such as Tylenol, Ibuprofen, Benadryl, antacids, etc.) that the participant should **NOT** be given: \_\_\_\_\_

I give my permission as parent/guardian of \_\_\_\_\_ to receive medical attention from the medical staff of URCC or an emergency care team if necessary.

I also give permission (if necessary) for \_\_\_\_\_ to pick up my child from camp.

Parent/Guardian Signature: \_\_\_\_\_

For Office Use Only:								
Event	CT	Scan	Event	CT	Scan	Event	CT	Scan
T1	_____	_____	J2	_____	_____	CORE	_____	_____
T2	_____	_____	TW	_____	_____	Boot Camp	_____	_____
J1	_____	_____	DOK	_____	_____	Misc	_____	_____