



Medical History & Release of Liability

Return completed form to... events@cfbiblecamp.org or 352.357.1444 (fax) or 23813 CR 44A, Eustis, FL 32736

Participant Name: _____ Gender: Male Female Date of Birth: _____

Camper Staff If under 18 years of age: Parent/Guardian name(s): _____

Are immunizations current? Yes No Date of Last Tetanus Shot: _____

We highly recommend you consult your doctor to be sure you have current Tetanus protection. If for any reason a booster is needed, it will not be covered under the camp insurance policy & you will be responsible for the cost.

Insurance Company: _____

Policy # _____ Group # _____

Pre-existing or current medical conditions: _____

Allergies: _____

Dietary restrictions for medical reasons: _____

Medications being brought to camp: _____

Medicines brought to camp (whether prescription or over the counter) MUST be in their original bottles or packaging or they CANNOT be used.

Emergency contact #1: _____ Relationship: _____

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

Emergency contact #2: _____ Relationship: _____

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

Agreements (Staff, campers & parents/guardians must read the Rules & Policies found on the camp's website):

- Participant will abide by all Rules & Policies set by CFBCs Board of Directors, the Camp Director & the Event Coordinator(s).
- Participant may be given routine over-the-counter medications by the camp medical staff, as needed.
- Yes No If minor Participant requests to be baptized & a parent or guardian cannot be reached by phone, CFBC has our permission to baptize. (EVERY EFFORT will be made to reach you even if you mark "yes".)

Authorization for Medical Treatment and Release of Liability

I recognize that certain hazards and dangers are inherent in the Central Florida Bible Camp (CFBC) events and programs and particularly, but not limited to, the activities of Swimming, Paintball and Challenge Courses (Low Ropes and High Ropes). I acknowledge that, although CFBC has taken safety measures to minimize the risk of injury to participants, CFBC cannot ensure nor guarantee that the participants equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries. I further recognize the importance of knowing and abiding by the camp's rules, regulations, and procedures for the safety of activity participants. The Challenge Courses are operated on a Challenge by Choice basis. Each participant will be encouraged to try each element, but is free to choose their own level of participation and will not be forced or coerced to participate in any element against their will.

I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. I therefore agree that the camper/staff named above may participate in all camp activities including travel off property. Also, I give permission for CFBC to use images and recordings of the named camper/staff without further compensation for the purpose of promoting CFBC. I realize that in the event of an illness or injury while at camp or participating in its activities, medical treatment may be required. I give permission for the medical personnel selected by the Camp Director and Event Coordinator to order any medical procedures, including x-rays, routine tests, treatment, hospitalization and transportation. Furthermore, I agree to bear all the cost of all such treatment. I also agree to hold harmless, CFBC, its staff, volunteers and board of directors from any and all liabilities, claims, demands, and causes of action whatsoever may arise due to the participation of my child/ward or me in said activities.

Participant Signature _____

Date _____

Parent/Guardian Signature (if participant under 18 years of age) _____