

# SNAKE RIVER RENDEZVOUS, LLC

## Medical Information/ Responsibility Agreement

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Contact Information

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In an emergency when parents cannot be reached, please contact:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Medical Information

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Camper's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Primary Medical Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with camp activities, I hereby release, discharge and/or otherwise indemnify the Snake River Rendezvous, LLC, its owners, employee's, volunteers, and/or associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
2<sup>nd</sup> Parent (if joint custody) Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Notary Public