

Medical Consent Form

Student Participant (under age 18) - Must have Parent or Legal Guardian's Signature



In accordance with the American Camping Association and the Laws of the State of Tennessee, we must have a Medical Consent/Health History Form completed and signed by the parent or legal guardian for each camper under age 18 attending Pathfinders. Your student cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Pathfinders does NOT provide medical or hospital insurance coverage.

Student Name _____

Dates of Camp _____

By signing this form I give my informed consent to the Medical Staff personnel assigned by Pathfinders who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures which include the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a student with greater health care needs than the Medical Staff personnel can provide within their individual certifications, licenses, and scopes of practice. I authorize Pathfinders to arrange for or provide any necessary related transportation to the medical facility appropriate to the condition for urgent or emergency medical treatment, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician at the receiving facility to secure and administer any medical treatment deemed necessary for my student, including hospitalization. This completed form may be photocopied for trips away from Pathfinders properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my student: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges, or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, laxatives, analgesic balms and gels, with the exception of _____. I understand that these are stocked and dispensed by the Medical Staff personnel free of charge as needed for the comfort of my student.

Parent or Legal Guardian Printed Name _____

Signature of Parent or Legal Guardian _____

Date _____

Release Indemnification & Hold Harmless Agreement

(Participants under the age of 18 must have Parent or Legal Guardian's Signature)

THIS IS A LEGAL RELEASE

(2 Pages – Must sign 2nd page)



Name of Participant: _____ Age: _____

Name of Parent or Legal Guardian: _____

NOTIFICATION OF RISK

I understand that certain risks and dangers exist in the programs and activities in which the above named minor child voluntarily chooses to participate in at Pathfinders. These inherent risks cannot always be foreseen nor eliminated without destroying the unique character of the activities and include, but are not limited to loss or damage to personal property, accidental injury or illness of any kind, or in extreme cases, permanent trauma, disability or death. I understand that Pathfinders considers it important for me to know in advance what to expect and to be informed of the inherent risks involved in the outdoor, high adventure types of activities that are listed but not limited to the activities listed in the program catalog. The physical activities including running, climbing, and hiking over rugged terrain conducted day and night may cause slipping or falling. Waterfront activities conducted in the lake and river carry the risk of drowning. Environmental risks and hazards include rapidly moving, deep or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning, flash floods, falling timber, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Activities may occur in remote places, away from medical facilities where communication and transportation are difficult. Equipment may fail or malfunction, despite reasonable maintenance and use.

I understand that the above description of the risks is not complete and that there may be other unknown or unanticipated risks. I expressly acknowledge and assume the inherent risks identified herein and those inherent risks not specifically identified. I acknowledge that participating in the activities provided by Pathfinders is not compulsory, and hereby knowingly and willingly choose to participate, in spite of and with full knowledge of the risks

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

Understanding the inherent risks, I individually and as the parent or legal guardian of the above named minor child, **AGREE TO RELEASE FROM ANY LIABILITY AND TO DEFEND, INDEMNIFY AND HOLD HARMLESS SOLMONN'S VAULT INC. DBA PATHFINDERS** and its officers, directors, employees, servants, volunteers and agents (collectively "Pathfinders") from any liability, claims, causes of action, demands, costs, obligations or financial responsibility of every kind and nature, including that resulting from or arising out of **NEGLIGENCE** of Pathfinders, for any incident, injury or accident occurring to myself, the above named minor child, or member of my family, while engaging in or observing any activity at Pathfinders. By agreeing to this indemnification, I am knowingly and willingly choosing to be financially responsible for any future claims brought against Pathfinders.

I acknowledge that I am voluntarily electing to allow my minor to participate in such activities for their benefit. Knowing of the risks, I hereby **EXPRESSLY AGREE to HOLD HARMLESS and INDEMNIFY** Pathfinders for any claims that may be brought by my minor child or family members.

Pathfinders
Release Indemnification & Hold Harmless Agreement

(Page 2 of 2)



OTHER PROVISIONS

If I have any legal dispute with Pathfinders which cannot be settled through discussions between the parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears on the registry of names recognized by Tennessee courts as qualified persons for mediation assignments. To the extent mediation does not result in a resolution, the dispute will be submitted to binding arbitration through the American Arbitration Association. I also agree to pay all costs and attorneys' fees incurred by Pathfinders in defending a claim or suit, if the claim or suit is withdrawn or to the extent a court or arbitration determines that Pathfinders is not responsible for the injury or loss.

Pathfinders and persons designated by it may use my child's photograph for sale or reproduction in any manner Pathfinders chooses, which includes use for advertising display, audiovisual presentations or otherwise.

If any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

This agreement is entered into voluntarily, after careful consideration and is binding upon the persons signing below, their heirs, executors, administrators, wards, minor children and other family members.

THIS IS A LEGAL RELEASE

By signing below, I am acknowledging that I have read and understand this entire agreement and that the foregoing is a LIABILITY RELEASE that is LEGALLY BINDING on me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent of the law.

Signature of Participant: _____ Date: _____

The undersigned parent or legal guardian represents that he or she has read this release, has requested and been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, participation, or the instruction offered, **assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.**

Signature of Parent or Legal Guardian: _____ Date: _____

Witness (non-family member): _____ Date: _____

When form is finished and signed by parent or legal guardian please fax 423-349-8078 or mail to 4951 Sullivan Gardens Pkwy, Kingsport, TN 37660