

lake
frances
retreats



CAMPER INFORMATION & ADULT RELEASE FORM

ADULT CAMPER: First Name: _____ MI: _____ Last Name: _____

Employer (that provides insurance):

Company Billing Address: Street # and Name:

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Other / Cell Phone: _____

Work Phone: _____

Emergency Phone: _____

Emergency Name: _____

E-Mail Address: _____

Birth date : mo _____ day _____ yr _____

Health Ins. Co.: _____

Policy Number: _____

Group Number: _____

Health Co. Number: _____

Any **intolerance/allergy** to drugs and medication:

Any **food allergy**:

Any previous/current illness, condition, or injury the camp's staff should be aware of:

My child is allowed to be given **Tylenol and/or Motrin** for pain: check: **YES** or **NO**

Signature of Parent or legal Guardian: X _____ Date: _____

BE SURE TO ALSO SIGN THE BACK OF THIS SHEET!

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____ (hereinafter "Participant"), am a willing participant in Athletic and Related Activities (hereinafter "Activities"), to be conducted by Flip Fest Properties, LLC. I, in my own behalf, further agree to release and to hold harmless Flip Fest Properties, LLC on whose premises the activities will occur (hereinafter the "Location") the affiliates of Flip Fest Properties, LLC and the respective directors, officers, representatives, members, agents and employees of Flip Fest Properties, LLC and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Activities, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that may incur or be sustained during the Activities and while traveling to and from the Location whether or not the Activities actually occur. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by myself or by any other persons on the account of damages of any character resulting to myself in any way from the foregoing Activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Activities occur. I have signed this document voluntarily and of my own free will.

Signature of Participant: X _____ Date: _____

Medical Release. I acknowledge and agree that such participation subjects Participant to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I acknowledge I am assuming the risk of such illness or injury by participating in the Activities. In the event of such illness or injury, I authorize Flip Fest Properties, LLC to obtain necessary medical treatment and hereby, in my own behalf, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred for any illness or injury I may sustain during the Activities and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that Flip Fest Properties, LLC from time to time produce promotional material relating to its programs. I understand as a participant and/or a spectator that I may be included in videotapes or photographs taken during the Activities. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Flip Fest Properties, LLC, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape me and to utilize such videotapes and photographs and my name, face likeness, voice and appearance as part of the Activities, in advertising and promoting the Activities or advertising and promoting similar Activities. I further understand that neither Flip Fest Properties, LLC nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Signature of Participant: X _____ Date: _____