

# IN THE PINES SEASONAL CAMP-RESORT HEALTH AND RELEASE FORM

FORM MUST BE SIGNED BY PARENT OR GUARDIAN FOR CHILD TO PARTICIPATE IN Event

CAMPER NAME: \_\_\_\_\_ Sex F or M Age: \_\_\_\_\_

Phone number of guardian during nature activities: \_\_\_\_\_ \* Parent or Guardian will be contacted in case of emergency.

HEALTH AND GENERAL MEDICAL HISTORY If the camper should be restricted on any activities please note: \_\_\_\_\_

\_\_\_\_\_ Please note any medical condition or medical history that would require special attention:

\_\_\_\_\_ I hereby certify that the named camper is in good health and fully able to participate in all activities of In The Pines Seasonal Camp-Resort. My camper has no known restrictions, or any other facts, that may limit her/him from participation.

Signed: \_\_\_\_\_ X Date: \_\_\_\_\_ Please note illnesses or conditions that the camper has had: ALLERGIES: \_\_\_\_\_

DRUG REACTIONS: \_\_\_\_\_

Please apply your own bug spray and sunscreen before we start our nature activities.

In The Pines Seasonal Camp-Resort will not be supplying it. We will be in areas with a lot of ticks and mosquitoes.

Children ages 6 and under will need to be accompanied by a guardian. Unless, we have a small group, and tell you otherwise.

**All children are advised to wear long pants, and socks. We reserve the right to be very messy. Please be aware, and prepared for very muddy shoes, and clothing. We will also be using paint during some activities.**

**COVID-19 Section:** Have you been in contact with anyone who has a confirmed case of COVID-19 in the past 14 days? Yes or No ?

Have you been out of the country in the past 14 days? Yes or No ?

I hereby agree that In The Pines Seasonal Camp-Resort is not responsible for any accidental transmission of COVID-19 that could occur by being in their business or within close proximity of each other.

I also agree that if I become symptomatic within 14 days of my visit, I will notify the business immediately.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**I HAVE READ THIS FORM AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF IN THE PINES SEASONAL CAMP-RESORT, AND HERBY AGREE IN ACCORDANCE.**

WAIVER & RELEASE I do hereby acknowledge and understand that my camper's participation is purely and entirely voluntary, and that there are certain substantial and inherent risks involved in NATURE RELATED ACTIVITIES. I further acknowledge that the camp shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities, which my camper may encounter or sustain as the result of such participation. I understand that every attempt will be made to contact me. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I, the parent (guardian), do hereby agree to the above waiver and release.

Name of Participant (print please) \_\_\_\_\_

Signature of Participant -OR- Parent/Guardian (if participant is under 18)

\_\_\_\_\_ X Date \_\_\_\_\_