

Blackhawk Baptist Camp

4491 W. Henry Rd., Oregon, IL 61061

815-496-0732

Medical Information, Waiver of Liability, Indemnification and Medical Release Form

All camp participants must fill out this form – ONE FORM PER PERSON

Name:		Gender:	Age:	Birth Date:
Address:			Grade Completed:	
City:		State:	Zip:	
Emergency Phone:		Work:	Cell:	
Email address:				
Dates/Camp Attending:			Fee*:	
Roommate (may not be able to honor):				

PARTICIPANT MEDICAL INFORMATION -- Medical History

	NO	YES	Explain Yes:
Swimmer's ear			
Severe sunburn			
Convulsion/Seizure			
Fainting spells			
Asthma/Hay Fever			
Allergies:			
Medications			
Plants (e.g. poison ivy)			
Insects			
Food (e.g. peanuts)			
Other			

List any medications recently taken or to be dispensed at camp with instructions:

Tetanus immunization?	NO	YES	Date:
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Are there significant injuries, illnesses, hospitalizations, surgeries, or behavioral issues we should be aware of?

MEDICAL INSURANCE INFORMATION

Insurance Co:	
Address:	
Name of Insured:	
Policy #:	Phone # for Prior Authorization:
Personal Physician:	Phone #:
Physicians Address:	

Blackhawk Baptist Camp

WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

I/We (print names) _____

the undersigned participant/parents or legal guardians of the child participant named above, am/are aware of, recognize and acknowledge the risks involved in participating in camp activities and warrant and represent that my/our child is physically fit and capable of participating in these activities. On behalf of myself/our child, I/we hereby:

a) waive, release, and discharge Blackhawk Baptist Camp, its officers, agents, employees, and volunteers from any and all liability, damages, claims, demands, losses, or causes of action of any and every kind, including my/our child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to my/our child arising out of camp activities or activities preliminary or subsequent thereto;

b) indemnify and hold harmless Blackhawk Baptist Camp, its officers, agents, employees, and volunteers from and against any and all liabilities, damages, claims, demands, losses, or causes of action made by other individuals or entities as a result of any of my/our child's involvement in or actions during camp; and

c) assume full responsibility for the risk of bodily injury, death, disability, or property damage arising out of or related to the above-described activities, whether caused by my/our child's negligence or otherwise.

In the event of accident, injury or illness involving me/our child, under any circumstances where I am physically unable to consent or am not present, I hereby voluntarily authorize and consent to furnishing to me/our child such medical care, attention and treatment by any hospital, physician, or dentists as such hospital, physician, or dentist may deem necessary or advisable, including any anesthetic, medical, or surgical diagnosis or procedure. I authorize the camp manager or persons identified by the camp manager to consent to such medical care and treatment. I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers.

I/we accept responsibility for any medical bills incurred by me/our child.

X _____
Signature of Father or Legal Guardian _____
date signed

X _____
Signature of Mother or Legal Guardian _____
date signed

I/we understand that my/our child may be photographed or filmed to be used in promotional and/or informational materials for regional camping. My/our child will not be identified by name in such materials. I/we give permission of such use of my/our child's image.

X _____
Signature

I/We certify that my/our child has not experienced symptoms of COVID-19 and has not been exposed to COVID-19 within the 2 weeks prior to camp.

X _____
Signature _____
date signed