



Camp Henry Adventure Courses and General Release Form

Medical Statement

I recognize that adventure courses/climbing can be a strenuous endeavor requiring me to be in good physical condition. I hereby certify that I do not suffer from any physical infirmities or illnesses which would affect my ability to engage in adventure activities and that if I am now under treatment for any of the following, I will circle the proper heading(s) and discuss them with the Camp Henry instructor prior to engaging in the activities:

Circle Appropriate Headings

- Cardiac or Pulmonary Condition or Disease
Fainting Spells
Hearing Loss or Impairment
Back or Neck Injury
Any Orthopedic Problems
Recent Injuries
Other
Migraines
Diabetes
Shortness of Breath
Emotionally Impaired
Asthma
ADHD
High Blood Pressure
Kidney Related Diseases
Learning Disabled
Anxiety/Depression
Insect Allergies
Insomnia
Food Allergies:

I understand that during my participation in this adventure course or activity I may be exposed to psychologically and physically stressful and challenging situations. I recognize that certain hazards and dangers are inherent in camp events and programs and particularly, but not limited to: swimming, boating, low ropes, high ropes courses, teams course, tower climbing, traversing wall climbing, canoeing, fishing, hiking, night hiking and campfires.

I understand that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity it is impossible for the program to guarantee absolute safety. Also, I understand that I share responsibility for safety and I assume that responsibility. Further, I waive any claim that may arise against Camp Henry and/or its employees, staff or volunteers as a result of my participation in the program, except those which are the direct result of the gross negligence of Camp Henry or its employees, staff or volunteers.

I have accepted responsibility for verifying my personal health and my medical history on top of this sheet and I have no physical or psychological problems that would prohibit or limit my participation in this program. Any medicines, prescription or non-prescription will be dispersed by authorized school personnel.

I agree to comply with all instructions and directions of the Camp Henry staff during my participation.

I further recognize and have instructed my child/ward in the importance of knowing and abiding by the camp's rules, regulations, and procedures for the safety of the camp participants.

In signing this form, I give permission to Camp Henry to use photos, videotapes, and any other media record of me or my child/ward participating at camp for any lawful purposes; for me or my child/ward to be transported for approved out-of-camp activities; for the release of medical records in case of illness; and I agree to assume all financial responsibility for any medical attention needed by me or my child/ward and otherwise not covered by my insurance or Medicaid coverage. And I/we acknowledge that there can be no absolute guarantee of safety against risk and unforeseen injury, as detailed above, and consent to the participation of the above-named participant in the adventure program. I also authorize the treatment of me or my child/ward by licensed medical personnel in the event of an emergency. This authority is granted only after a reasonable effort has been made to reach me.

*Participant Signature: Date:

Parent/Legal Guardian Signature: Emergency phone:

Address: City: State: Zip: (if participant is under 18)

Health Insurance: Policy Number:

School/Group you are with at Camp Henry: email: