



School/Group Name:

Date(s) Attending:

## Adult Health/Photo/Release Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

The purpose of this form is to have a brief medical history of each participant on hand should an emergency arise. Emergency contact(s) will be contacted in the event of an emergency. Adults must complete "Health/Photo/Release Form" in order to attend Cedar Crest EE experiences.

1. Are all immunizations current? \_\_\_\_\_ Tetanus? \_\_\_\_\_
2. Allergic to any medications? \_\_\_\_\_ If yes, what? \_\_\_\_\_
3. Severely allergic to insect bites or poison ivy/oak? \_\_\_\_\_ If yes, what? \_\_\_\_\_
4. Any recent surgery? \_\_\_\_\_ If yes, what kind and when? \_\_\_\_\_
5. Any physical condition or mobility aids which would prevent full participation in all activities? \_\_\_\_\_  
If yes, what? \_\_\_\_\_
6. Diabetic? \_\_\_\_\_ Asthma? \_\_\_\_\_ Special diet? \_\_\_\_\_
7. Under a doctor's orders to take medication? \_\_\_\_\_ If yes, please list all prescription medications you are bringing to camp: \_\_\_\_\_
8. Emergency medicines or devices (epi-pens, insulin, inhaler, etc.)? \_\_\_\_\_  
If yes, what? \_\_\_\_\_
9. Is there anything else our staff needs to know about your physical condition?  
\_\_\_\_\_

I, **the undersigned**, give the event staff permission to authorize emergency surgery on the participant named above if the participant is in serious danger and the emergency contact(s) cannot be reached.

I, **the undersigned**, hereby agree to indemnify and hold harmless the Tennessee Conference of the United Methodist Church and Cedar Crest Camp, its Board of Directors, its officers, employees and staff, from any liability as a result of either intentional acts or negligence, or failure to act on the part of any of the above named entities or persons as a result of the use of the premises while \_\_\_\_\_ (**your name**) is participating in any activities while at Cedar Crest.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photography Release

Photographs are taken throughout Cedar Crest EE classes & programming. These photographs may be taken and used by the camp for promotion and publicity purposes. Cedar Crest Camp needs your consent for photographs to be made. Under no circumstances will any photograph be used for any other purposes than is stated above. I give permission for Cedar Crest Camp to take photographs for promotion/publicity purposes of \_\_\_\_\_ (your name).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release of Liability Agreement

I, the undersigned, recognize there are risks, including those of injury and even death, in the activities initiated and carried out under the auspices of Cedar Crest Camp. I freely assume those risks on my own behalf. I agree to release and hold harmless from liability the workers, and other employees and agents in the event of personal injury or death, resulting from negligence or any other theory of liability while engaging in any camp activity. I agree to not make any claim or file any lawsuit against Cedar Crest Camp, its staff members, volunteer workers, employees and agents, for injuries or damages related to my participation in camp activities. [Cedar Crest Camp is accredited by the American Camp Association and puts forth the strongest effort possible to be mindful of best practices in the camping world and how best to keep your camper safe! Your camper's health and safety is our number one priority.]

(Please initial) \_\_\_\_\_

I understand that this is a legally binding contract and that the camp activities are provided in consideration for this signed Release of Liability Agreement.

(Please initial) \_\_\_\_\_

I agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I understand that I will be participating in camp activities, which often have a physical nature, thus requiring bodily exertion on a daily basis during the camp experience. I understand that I will be involved in these activities, and agree to my participation in respective camp events.

**I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS RELEASES CEDAR CREST CAMP, ITS STAFF MEMBERS, VOLUNTEER WORKERS, EMPLOYEES, AND AGENTS, FROM LIABILITY AND I SIGN IT OF MY OWN FREE WILL.**

Name (print): \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_