



School/Group Name: _____

Date(s) Attending: _____

Student Health/Photo/Release Form

Name: _____ Gender Identity: _____ Grade: ____ Age: ____

Parent/Guardian Name(s): _____

Address: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Relationship to Student: _____ Emergency Contact Number: _____

The purpose of this form is to have a brief medical history of each participant on hand should an emergency arise. Parents/guardians will be contacted in the event of an emergency. Students must have a signed "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 your student is 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 student's physical condition?

I, **the undersigned**, give the youth named above permission to attend this Cedar Crest EE experience. I also give the event staff permission to authorize emergency surgery on the participant named above if the participant is in serious danger and the parents/guardians 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 _____
(**student's name**) is participating in any activities while at Cedar Crest.

Parent/Guardian 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 guardian 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 _____ (student's name).

Parent/Guardian 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 and my child's behalf. I agree to release and hold harmless from liability the workers, and other employees and agents in the event of injury or death of my son(s)/daughter(s) (listed below), 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 child's 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 my camper 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 my camper will be involved in these activities, and agree to their 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 of Parent/Guardian (print): _____

Signature of Parent/Guardian: _____ Date _____