

**Participant Information Disclosure**  
**Consent and Release**

Participant's name: \_\_\_\_\_

I wish to participate in a Holston Conference Camping and Retreat Ministries, Inc. adventure camping/recreation event.

I acknowledge that I am fully aware that the activities associated with this event entail certain inherent risks including damage to property, personal injury, and even death. In consideration for being permitted to participate in this activity, I agree to assume all such risks and hereby release and discharge Holston Conference Camping and Leisure Ministries, Inc., its officers, sponsors, trustees, employees, agents, and other aids and/or volunteers from any and all liability for any and all damage, loss, injury, or death of every kind and nature whatsoever which in any way arises out of my participation in this activity.

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Affiliated Campsite: \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian Signature (participant under 18)

**Personal Medical Information**

Date of last Tetanus shot or booster: \_\_\_\_\_

Known allergies: \_\_\_\_\_  
\_\_\_\_\_

Special Medical Considerations: \_\_\_\_\_  
\_\_\_\_\_

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above.

I give permission for me/my child to be transported in a private vehicle if necessary.

I give permission for photographs taken of me/or my child to be used for camp publicity.

**Signature of parent/guardian or adult camper/staff** \_\_\_\_\_

This form may be photocopied for use out of camp. **Date** \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Subscriber's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Insurance Claims Address: \_\_\_\_\_

Pre-Authorization Phone # if required ( ) \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cellular Phone:( ) \_\_\_\_\_

**In an emergency situation, use these contacts as necessary:**

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

Home Phone:( ) \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_

\_\_\_\_\_