

Participant Information Disclosure
Consent and Release

Participant's name: _____

I wish to participate in a Camp Lookout, Inc. / Holston Conference Camping and Retreat sponsored program

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 Retreat Ministries/Camp Lookout 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: **Camp Lookout Confirmation Retreat** Date: **February 28 - March 1 2025**

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: () _____
