

Snowbird Wilderness Outfitters

Medical Information Form

Forms are designed in cooperation with Murphy Medical Center and Swain County Hospital for the safety of each participant. Parent, legal guardian or Adult camper must thoroughly complete medical release, medical history, and waiver of liability forms.

Group Name: Hillside UMC

Camp Date: 6/21/10 - 6/26/10

Circle One: Summer Camp/Retreat/OLD School/Missions

___ Sign me up for the SWO e-newsletter!

Circle One: Student/Adult/Child/Leader/Chaperone

Email: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cell Phone: (____) _____ D/O/B: _____ Sex: M_ F_ Ht: _____ Wt: _____

EMERGENCY CONTACT INFORMATION:

1st Contact Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

2nd Contact Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

INSURANCE INFORMATION:

___ Check here if participant does not have insurance.

Insurance Company: _____ Family Physician: _____

Insurance Company Address: _____

Subscriber Name: _____ Policy #: _____ Subscriber #: _____

Subscriber D/O/B: _____ Subscriber S.S. #: ____ - ____ - ____ Subscriber Phone #: (____) _____

Subscriber's Address (if different from above): _____

MEDICAL HISTORY

** If the participant has been exposed to any communicable disease within two weeks prior to their stay, please do not send them to camp. **

• Any operations, illness, or injuries in the last year?: _____

• Date of last Tetanus shot: _____ Date of last DPT or DT booster: _____

• Does your child have any physical or mental problems that Snowbird should be aware of?

(For example: asthma, allergies, diabetes, depression, seizures, eating disorder, etc.)

Check One: ___NO ___YES If YES, please explain: _____

• Please indicate any allergies your child has: ___Bee Sting ___Penicillin ___Hay Fever ___Poison Ivy/Oak
___Bacitracin ___Sumac ___Antihistamine ___Other _____

• Circle the medications that Snowbird may administer:

Tylenol Ibuprofen Antihistamine Tums Swimmer's Ear Epipen Other _____

Legible written physician's directions should accompany any prescription medication that is brought to camp. Include medication type, dosage, frequency, condition being treated, physician's signature, and DEA number. For the safety of all our participants, medication can only be administered by church or Snowbird staff. It is the responsibility of the parent or guardian to make these arrangements.

PLEASE ATTACH ANY ADDITIONAL MEDICAL CONCERNS

Please note: This form must be notarized!

Snowbird Wilderness Outfitters

Waiver of Liability and Medical Release

Camper Name: _____ Group Name: Hillside UMC

Program 1: Regular Camp and Retreats. All campers remain in local area.

Program 2: Missions Camp. This is a combination of summer camp and community service projects. Projects include, but are not limited to repair of houses.

Program 3: O.L.D School Program is predominantly an outdoor leadership school. These sessions include, but are not limited to, backpacking, whitewater rafting, canoeing, and travel to other states/countries.

1. Medical Attention: I understand that medical attention cannot be immediate in all circumstances. Medical attention will be dependent upon the time needed to remove the person from the program activity area such as a trail in the remote mountains or a river deep within a ravine.
2. Injury to Persons or Property. Responsible party agrees that Snowbird Wilderness Outfitters shall not be liable to Responsible party or any other person for any injury occurring in, on, or around the Premises of other locations including, without implied limitation, attorney's fees and/or cost of defending any action.
3. That I/We hereby release Snowbird Wilderness Outfitters, its employees, officers, directors and camp staff and any individual associated with Snowbird Wilderness Outfitters from any and all liability, including all expenses of litigation, which might arise from or be a result of my/our child's participation in the use of the Premises and other locations. I/We further agree to fully indemnify, and hold harmless, any individual or entity herein named from any liability from my/our participation in the use of the premises and other locations and that I/We hereby WAIVE and RELEASE the parties herein named from any and all liability arising as a result or from my/our participation in the use of the Premises and other locations.
4. My signature authorizes the staff at Snowbird Wilderness Outfitters to act for me according to their best judgment in any emergency requiring medical attention. The camper may be transported by camp personnel to medical facilities. I hereby waive and release camp from any and all liability for any injuries or illnesses incurred while at the camp or while being transported by camp staff for medical attention. I understand that participation in camp activities involves motion, rotation and height in a unique environment and as such, carries with it the risk of injury or death. All campers must be covered by their own medical insurance. If the camper does not have insurance, the camper or camper's family assumes liability. All medical expenses incurred will be the responsibility of the camper or camper's family. I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program as outlined on the camp website. The camp is not responsible for the personal items that are lost, stolen, or damaged. I also understand the camp retains the right to use any photographs, videotapes, motion picture recordings or any other record of this event for publicity, advertising or for any legitimate purpose.
5. I hereby authorize the physician(s) and staff of any Medical facility to provide such hospital care that includes diagnostic procedures and medical treatment as necessary for the camper while enrolled in Snowbird Wilderness Outfitters. Said medical treatment may be given without any further permission from the undersigned. I also authorize payment of medical benefits for any services furnished to the camper by physicians or staff at the above facilities. I authorize you to release to my insurance company information concerning the health care provided to the camper while attending Snowbird Wilderness Outfitters. In the event of any injury or illness requiring transportation to an independent medical facility, I authorize the release of all medical records generated at the facility to the medical staff at Snowbird Wilderness Outfitters. I understand this will enable a continuity of care upon the camper's return to Snowbird Wilderness Outfitters and will provide staff a means of informing family members of the camper's medical condition. Such records will remain a confidential part of the camper's general record.

X _____ X _____
 PRINT Name of Parent/Guardian (Responsible Party) SIGNATURE of Parent/Guardian (Responsible Party) DATE

Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone #: (____) _____

****Please do not arrive at Snowbird without proper notarization****

I, _____, a Notary Public for _____ County, _____ (state), do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my/our hand and seal, this the _____ day of _____, 20____.

X _____ My commission expires _____, 20____.

NOTARY PUBLIC

**** Notary Stamp or Seal Required ****

Mandatory for everyone

NANTAHALA RIVER

APPALACHIAN RIVERS RAFT CO. INC. RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of Appalachian Rivers Raft Co. Inc. furnishing services and/or equipment to enable me to participate in whitewater activities, I agree as follows:

I fully understand and acknowledge that outdoor activities have:

- (A) Inherent risks, dangers and hazards and such exist in my use of Appalachian Rivers Raft Co. Inc. equipment and my participation in whitewater activities;
- (B) My participation in such activities and/or use of such equipment may result in injury or illness, including but not limited to bodily injury, disease, strains, fractures, and partial and/or total paralysis, death or other ailments that could cause serious disability;
- (C) These risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Appalachian Rivers Raft Co. Inc., the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to guide decision making, including falling out of or drowning while in a raft, canoe or kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and
- (D) By my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees Appalachian Rivers Raft Co. Inc. or by any other person, or United States Government (U.S. Forest Service) or Duke Energy, Co. I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to and do hereby release, waive, discharge, hold harmless, defend and indemnify Appalachian Rivers Raft Co. Inc. and its owners, agents, officers, and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Appalachian Rivers Raft Co. Inc., equipment or my participation in whitewater activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of Appalachian Rivers Raft Co. Inc. or United States Government (U.S. Forest Service) or Duke Energy, Co. The Venue of any dispute that may arise out of this agreement or otherwise between the parties to which Appalachian Rivers Raft Co. or its agents is a party shall be in the County of Macon and jurisdiction for trial thereof shall be in the Macon County Courts, Superior Court Division. I also release any photos which may be taken of me to be used at the discretion of Appalachian Rivers Raft Co. Inc. I relinquish my rights to any compensation for the use of said photographs in advertising or promotional displays.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE APPALACHIAN RIVERS RAFT CO. INC., FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

_____	_____	_____	
PRINT PARTICIPANT NAME	DATE	SIGNATURE OF PARTICIPANT	
_____	_____	_____	_____
ADDRESS	PHONE #	AGE	WEIGHT

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

_____	_____	_____
PARENT/GUARDIANS SIGNATURE	(PRINT NAME)	DATE

HILLSIDE UNITED METHODIST CHURCH

PERMISSION SLIP AND LIABILITY WAIVER

Function: Sr. Hi Snowbird Summer Camp/Mission Camp/OLD School

Place: Snowbird Wilderness Outfitters, Andrews, NC

Dates: June 21-26, 2010

Travel: Motorcoach and church van

I, _____, hereby give my permission and approval as parent and/or

guardian for _____ to participate in **Sr. Hi Snowbird Summer Camp, Mission Camp or OLD School, June 21-26, 2010.** It is my understanding that this trip and the activities of this trip are approved by the church and is appropriately chaperoned. I hereby release Hillside United Methodist Church, its staff, and volunteers from responsibility and liability for any injury, illness, medical bills, or loss of life that my child may sustain during these activities.

In the event of an emergency, I understand that I will be contacted to give permission for my child to obtain medical care. If I cannot be contacted, I hereby authorize an adult leader from the Hillside UMC group to act as an agent for me and to consent to any x-ray examination, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, whether at a doctor's office or in any hospital. I expect to be contacted as soon as possible in the case of such injury that requires medical attention.

Parent(s) or Guardian's Name: _____

Address: _____

Phone #: (H) _____ (W) _____

(Cell) _____ (Pager) _____

Any medical conditions, allergies, or treatment that we should be aware of:

My child does ___ does not ___ have permission to participate in the skeet shooting activities at Snowbird.

Parent or Guardian's Signature

Date