

Name of Church Group \_\_\_\_\_

A completed release form must be received for each camper and sponsor at check-in in order for an individual to be allowed to attend.

**Youth Retreat Release Form  
Medical Information – for campers 17 yrs. and younger**

Camper's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Gender: (circle one) Male / Female Parent or Guardian's Full Name: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

.....  
To be filled out and signed by Parent or Guardian:

Health Ins. Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

(Parent's health insurance serves as the primary insurance provider. Shamineau Ministries carries only secondary accident insurance coverage.)

Does the camper have any allergies to food or medication? What is the reaction? Is medication used to treat the allergic reaction?: \_\_\_\_\_  
\_\_\_\_\_

List any diagnosed illnesses or issues: \_\_\_\_\_  
\_\_\_\_\_

What medications, including doses, are used to treat the above?: \_\_\_\_\_  
\_\_\_\_\_

Any side effects of his/her medications?: \_\_\_\_\_

Date of last Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_

Write EXEMPT if you have opted out of immunizing your child

Emergency Contact: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Release & Waiver of Liability Agreement/Medical & Media Release Form**

I have chosen to allow myself/my child/my family members to attend the Shamineau Ministries programs in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, high and low ropes course elements, riflery, shotguns, paintball, horseback riding, water sports and activities, mountain boarding, skateboarding and rollerblading, climbing the artificial indoor climbing wall) entails risks both known and unknown, regardless of negligence which could result in serious physical or emotional injury, paralysis, and/or death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Shamineau Ministries, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby release and discharge, indemnify and hold harmless to the fullest extent permitted by law, Shamineau Ministries, its officers, directors, employees, agents, volunteers and assigns from any and all liability, claims, demands, costs and expenses, and causes of action whatsoever arising out of or in any way connected with any property loss and/or bodily injury including death and/or disability arising from myself/my child/my family members' participation in Shamineau Ministries activities. I hereby authorize the Shamineau Ministries staff to secure medical treatment for myself/my child/my family members if necessary. I am aware that photos/videos may be taken of myself/my child/my family members at camp and I further authorize the camp to use these for Shamineau promotional purposes.

I have read this release of liability and assumption of risk agreement fully, understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. It is also my responsibility to report any personal physical conditions that could impact participation by myself or family members, and, also report any unsafe conditions that I may encounter to a responsible party.

I authorize the Shamineau Ministries staff to administer over the counter medications appropriate to my child's symptoms/age/weight.  No

\_\_\_\_\_  
Adult Signature/Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Signature