



HONEY CREEK

Summer Camp Health & Waiver Form

299 Episcopal Conference Center Rd, Waverly GA 31565

P. 912-265-9218 W. www.honeycreek.com

This must be returned BEFORE camp begins. PLEASE PRINT CLEARLY.

PERSONAL INFO

1. Participant's Name

2. Name Called By

3. Age

4. Gender

5. Date of Birth

6. Session

7. Parent/Guardian

()

8. Daytime Phone

()

9. Evening Phone

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10. Cell Phone

11. Address

12. City, State, Zip.

EMERGENCY CONTACT

13. Name

14. Phone Number

15. Relationship

16. Email

17. Name

18. Phone Number

19. Relationship

20. Email

INSURANCE AND DOCTOR INFO.

21. Insurance Company

22. Policy Number

23. Relation to Camper

24. Policy Holder D.O.B.

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25. Policy/Group#

26. Insurance Co. Phone

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27. Primary Care Physician

28. Contact Phone

29. Pre-approval Required? (Circle one) Yes or No

IMMUNIZATION HISTORY - Please include dates

30. DTP Series

31. Booster

32. Measles

33. Rubella

34. Tetanus

35. TB test

36. Meningitis

37. Hepatitis

38. Chicken Pox

39. Hamophilus Influenza Type B

GENERAL MEDICAL INFO.

40. Asthma? (Circle one) Yes or No

41. Allergies

42. Food

43. Medications

44. Bee Stings

45. Other

MEDICAL CONDITIONS AND MEDICATIONS

If camper will be taking medications while at camp, please list all (prescription and non-prescription). Include the medication name, prescribing physician, physician's phone number, and dosage instructions. Use an additional sheet if needed. When you check in at camp, please provide all medications in their original packaging (identifying the prescribing physician, if applicable), the name of the medication, the dosage, and frequency of administration.

46. Medication

47. Dosage

48. Taken When

49. Prescribing Doctor

50. Reason Taken

51. Medication

52. Dosage

53. Taken When

54. Prescribing Doctor

55. Reason Taken

56. Medication

57. Dosage

58. Taken When

59. Prescribing Doctor

60. Reason Taken

Does your camper have a history of or a tendency towards any of the following? (Please circle all that apply.)
Please provide explanation for any circled items (use and attach extra sheet if needed.)

Recent injury, illness or infectious

Heart Defect/Disease

MEDICAL CONDITIONS AND MEDICATIONS

Continued

Disease Joint problems (knees, ankles)

Asthma

Homesickness

History of Bedwetting

Sleepwalks

Nightmares/Night Terrors

Frequent Stomachaches

Chronic or recurring illness

Hypertension Bleeding/Clotting Disorder

Diabetes

Fractures

Frequent Headaches Head Injury

Mononucleosis (in the last 12 months)

Psychiatric Treatment

Eating Disorder

Wears glasses/contacts

Diarrhea or constipation

Ear Infection

Seizure Disorder or Convulsions

PARENT/GUARDIAN AUTHORIZATION & NOTIFICATION

To the best of my knowledge this health history information is correct and the person herein described has my permission to engage in all camp activities, with the exception of any physical limitations as described. I give permission to Camp Honey Creek to use photographs, video and audio recordings of my child for camp publicity. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personal to hospitalize, secure proper treatment for, and to order medication, anesthesia, or surgery for my child as named above. I agree to indemnify Camp Honey Creek and its employees for any claim which may hereafter be presented on behalf of the herein named camper as a result of any such injuries.

PLEASE READ CAREFULLY**WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK ACKNOWLEDGEMENT****DEFINITIONS:**

"Facilities" shall mean the grounds and other facilities and improvements situated on or forming part of the property located at 299 Episcopal Conference Center Road, Waverly, GA 31565.

"Indemnitees" shall mean collectively and individually the Episcopal Diocese of Georgia, Episcopal Diocese of Georgia Camp and Conference Center, Honey Creek and the Bishop of the Episcopal Diocese of Georgia and their respective directors, officers, employees, agents, clients, customers, contractors, subcontractors, affiliates, subsidiaries, agents, representatives, successors and assigns.

"Indemnitor" shall mean the individual signing below, on behalf of himself or herself and any minor under his/her care, as well as their respective heirs, administrators, executors, personal representatives and assigns.

(We do not sell this information.)

Indemnitor represents and warrants to the Indemnitees that (i) he/she has read this document in full, (ii) any questions he/she may have had concerning anything described or explained herein or otherwise concerning his/her participation in activities offered by the Episcopal Diocese of Georgia Camp and Conference Center at the Facilities have been fully and adequately answered by the Episcopal Diocese of Georgia Camp and Conference Center's staff, and (iii) Indemnitor is knowingly and voluntarily electing to participate in one or more activities offered by the Episcopal Diocese of Georgia Camp and Conference Center. Indemnitor expressly and knowingly acknowledges the risks, whether actual or potential, of participating in activities offered by the Episcopal Diocese of Georgia Camp and Conference Center at the Facilities as herein described, and Indemnitor does hereby expressly and knowingly assume all such risks. Indemnitor hereby releases, relinquishes, acquits and forever discharges the Indemnitees and each of them from any and all liabilities, claims, causes of action, damages, obligations, suits, demands, costs and expenses of any sort or kind whatsoever or however arising, in law or in equity, whether known or unknown, whether in tort or in contract, which Indemnitor had or now has, or may have had or now may have, or that Indemnitor at any time in the future has or may have, against Indemnitees or any of them as a consequence or arising out of (a) illness, injury and/or death to or of Indemnitor at the Facilities or as a result of Indemnitor's presence at the Facilities or participation in activities offered at the Facilities or otherwise occurring at the Facilities, (b) damage to or the destruction of vehicles, trailers or other property brought to the Facilities by Indemnitor, and (c) Indemnitor's use of the Facilities and/or the services provided at the Facilities. Indemnitor does further hereby defend, indemnify and hold Indemnitees and each of them harmless from and against any and all liabilities, claims, causes of action, damages, obligations, suits, demands, costs and expenses of any sort or kind whatsoever or however arising, in law or in equity, whether known or unknown, whether in tort or in contract, which Indemnitees or any of them may suffer or incur, including, without limitation, attorneys' fees, court costs and litigation expenses, as a consequence or arising out of (i) illness, injury and/or death to or of any person at the Facilities resulting from Indemnitor's presence at the Facilities or participation in activities offered at the Facilities or otherwise caused by Indemnitor, (ii) damage to or the destruction of vehicles, trailers or other property located at the Facilities caused by Indemnitor, and (iii) Indemnitor's use of the Facilities and/or the services provided at the Facilities.

Indemnitor represents to Indemnitees as follows:

I am 18 years of age or older.

I am signing this release, waiver of liability, and assumption of risk acknowledgement voluntarily and of my own free will.

I have no physical or emotional problems, nor any history thereof, which will impair my ability to utilize the Facilities and its services in a safe manner.

I understand and agree that it is my responsibility to assess the hazards presented by my use of the Facilities and services provided at the Facilities and further agree that I am the ultimate judge as to whether I can use the Facilities and services without risk of harm to myself, others or property in my possession or under my control.

I have inspected the Facilities, agree that I will be using the Facilities on an AS-IS, WHERE-IS basis, and understand and EXPRESSLY ASSUME all the dangers incident to using the Facilities and the services provided at the Facilities.

My use of the Facilities is entirely optional and my own free choice.

I authorize anyone working at the Episcopal Diocese of Georgia Camp and Conference Center to call for such medical care for me or minor in my care, or to transport me or any minor in my care to the appropriate clinic or hospital, if in the opinion of anyone working at the Facilities, medical attention is needed for me or a minor in my care. This authorizes a licensed health care provider or other first-aid provider to carry out emergency medical care deemed necessary for me or any minor in my care in an emergency where normal permission is unavailable. I agree that upon transporting me or any minor in my care to any medical facility, clinic, or hospital that the responsibility of Indemnitees shall be complete and Indemnitees shall not have any further responsibility for me or any minors in my care. I agree to pay all costs associated with such medical care and related transportation for me or a minor in my care, and I hereby indemnify and hold Indemnitees and each of them harmless from any costs incurred by them in connection therewith.

I hereby grant full permission to use any photographs or video of me and each minor in my care taken during our participation in activities at the Facilities for any purpose in promoting activities at the Facilities and/or any or all of the Indemnites.

I agree that I will not, at any time, climb, play or otherwise use the Facilities or any part of the Facilities while not an authorized participant.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT MY SIGNATURE BELOW EXPRESSLY WAIVES ANY RIGHTS I HAVE TO BRING A CLAIM AGAINST OR SUE THE INDEMNITEES OR ANY OF THEM FOR PERSONAL INJURIES, DEATH OR PROPERTY DAMAGES. I FURTHER UNDERSTAND THAT THIS IS A CONTRACT THAT LIMITS MY LEGAL RIGHTS AND THAT IT IS BINDING UPON ME, MY HEIRS AND LEGAL REPRESENTATIVES.

Signature of Participant

Participant's Printed Name

Date

Participants under 18 Years of Age: As parent/guardian signing this agreement for the above named minor, I acknowledge and agree that I have read this document in full and that by signing this agreement on behalf of the minor, I, the minor and their parents agree to be bound by its terms. I hereby release from liability, forever discharge, indemnify and hold harmless Indemnites for any claim or suit arising out of said minor's participation in activities at the Facilities or the minor's presence at the Facilities.

Signature of Parent/Guardian

Parent/Guardian's Printed Name

Date