



HONEY CREEK

Family 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. Family Members' Names & Ages

2. Mobile Phone numbers (for parents - please include names)

() () ()

3. Home Address

4. City, State, Zip.

EMERGENCY CONTACT

5. Name

5. Best Phone Number

6. Relationship

GENERAL MEDICAL INFO.

7. Medical Allergies (include who is allergic)

8. Food Allergies (include who is allergic)

9. Bee Sting Allergies? If so, please list the individual's name and whether they carry an epipen.

10. Asthma? If so, please list the individual's name and whether they carry an inhaler.

11. Other Allergies or Medical Limitations

MEDICAL CONDITIONS AND MEDICATIONS

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

- | | |
|---|---------------------------------------|
| Recent injury, illness, or infections | Heart Defect / Disease |
| Disease Joint problems (knees, ankles) | Fractures |
| Asthma | Frequent Headaches |
| Chronic or recurring illness | Head Injury |
| Hypertension Bleeding/Clotting Disorder | Mononucleosis (in the last 12 months) |
| Diabetes | Seizure Disorder or Convulsions |

NOTE: FOR EVERYONE’S SAFETY, IF ANYONE IN YOUR FAMILY HAS HAD COVID-19 IN THE 14 DAYS PRIOR TO YOUR SESSION, PLEASE INFORM THE CAMP AND DO NOT ATTEND.

AUTHORIZATION & NOTIFICATION

To the best of my knowledge this health history information is correct and the people herein described are able to engage in all camp activities, with the exception of any physical limitations as described. I give permission to Honey Creek and the Episcopal Diocese of Georgia to use photographs, video and audio recordings. In the event that a parent cannot be reached in an emergency, I hereby give permission to the medical personnel to hospitalize, secure proper treatment for, and to order medication, anesthesia, or surgery for my child(ren) as named above. I agree to indemnify Honey Creek and the Episcopal Diocese of Georgia 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 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 _____

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 INDEMNITEES.

Signature of Participant _____

Participant's Printed Name _____ Date _____