



# MEDICAL AUTHORIZATION & LIABILITY RELEASE FORM

## CHILD(REN) INFORMATION:

First Child's Name (First/Middle/Last)

Date of Birth (mm/dd/yyyy)

Second Child's Name (First/Middle/Last)

Date of Birth (mm/dd/yyyy)

Third Child's Name (First/Middle/Last)

Date of Birth (mm/dd/yyyy)

Fourth Child's Name (First/Middle/Last)

Date of Birth (mm/dd/yyyy)

## INSURANCE INFORMATION:

Primary Insurance Company

Policy Number

Phone Number

Insurance Company Address

Name of Policy Holder

Employer

Date of Birth (mm/dd/yyyy)

Name of Primary Physician

Phone Number

Date of Last Medical Exam or Physical

Date of Last Tetanus Shot

## EMERGENCY CONTACT INFORMATION:

1<sup>st</sup> Contact Name (First/Middle/Last)

Best Contact Phone

Relationship

Address

City

State

Zip Code

2<sup>nd</sup> Contact Name (First/Middle/Last)

Best Contact Phone

Relationship

Address

City

State

Zip Code

## WAIVER OF LIABILITY RELEASE:

I give permission for our (my) child(ren) registered for any and all weeks of Summer At The Ridge (SATR) to attend and participate in SATR activities, events, and retreats during the 2023 camp season (from June 5 to July 28, 2023). Including, but not limited to: field trips, swimming activities, indoor activities, and outdoor activities. I also hereby give permission for our (my) child(ren) to ride in any vehicle driven by an approved adult leader while attending and participating in activities sponsored by SATR. My child and I understand that seat belts will be worn at all times during transportation. All photos, videos, and audio tapes of my student captured by Summer At The Ridge are used for promotional purposes such as brochures, videos, web pages, etc.

In consideration of Summer At The Ridge allowing my child(ren) to participate in SATR activities, I do hereby release, forever discharge and agree to hold harmless SATR, its directors, employees, volunteers and agents (collectively herein the organization) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and my child(ren) while involved in activities. I, the parent or legal guardian of my child(ren), hereby grant my permission for my child(ren) to participate fully in SATR activities, including trips away from the facility premises.

Furthermore, I and on behalf of my minor child(ren) hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Authorization and permission is hereby given to SATR to furnish any necessary transportation (within the limitations of insurance and the law), food, and lodging for my child(ren). I agree to hold harmless and indemnify Summer At The Ridge for any liability sustained by SATR as a result of negligent, willful or intentional acts of my child(ren), including expenses incurred attendant thereto.

## STATEMENT OF ACCEPTANCE:

To my knowledge, this health history lists correct and current information on myself. The person herein described has permission to engage in all activities except as noted. I hereby give permission to the person in charge of the trips, events, or activities that I attend that is not on the Summer At The Ridge rented facility for the entire 2023 camp season (from June 5 to July 28, 2023). Should a medical emergency arise during my participation in a SATR sponsored trip, event, or activity, I understand that reasonable efforts will be made to contact me or my designated alternate contacts. I consent to the administration of medical treatment and/or surgical procedures deemed necessary under the circumstances. I assume liability for any and all medical expenses that arise from such care. This completed form may be photocopied for any SATR sponsored activity.

**I have read, understand, and will comply with the Summer At The Ridge policies and agreements outlined above. My typed name in the box below serves as my legal signature.**

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Parent/Guardian Name

Signature

Date (mm/dd/yyyy)