

Alpine Camp and Conference Center  
**Outdoor Adventure & Higher Ground**

Health & Release Form

This Alpine Camp and Conference Center health and release form must be completed and signed with no additions, deletions or changes by a legal guardian and returned for the participant to take part in the Outdoor Adventure and Higher Ground activities. Thank you.

**General Information (Please Print All Information)**

Group's Name \_\_\_\_\_ Event Date \_\_\_\_\_

Participant's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male / Female

Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Pager ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact Name (other than guardian) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Health Information**

Health Problems/Activity Restrictions \_\_\_\_\_

Allergic Reactions/Drug Allergies \_\_\_\_\_

Medications (must be sent in prescription bottle with label) \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_ Date of last Physical Examination \_\_\_\_\_

*Alpine must be notified of participants that have been exposed to a communicable diseases prior to camp.*

Health/Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Release of Liability Declaration (Guardian & Participant please read, sign & date the following)**

1. I, the undersigned, hereby give permission for the above named child to attend the sponsored program by Alpine Camp and Conference Center. I agree to release and hold harmless Alpine or its agents for any and all claims for injuries, causes of action, the rendering of emergency care, or liability related to use or participation in all activities. These activities may include, but are not limited to: ropes course, rock climbing, mountain bikes, tubing, swimming, and other recreational activities. I also give permission for participation in any off-site activities and/or to be transported to and from any off-site activities, or emergency locations, if any, by authorized vehicles.
2. I hereby give my permission for non-prescription medication and first aid treatment to be given to the child if deemed advisable by the Group's Leaders or Alpine staff.
3. I am fully aware that the Outdoor Adventure and Higher Ground programs at Alpine Camp and Conference Center that I am choosing to participate in or allowing this child to participate in may include rigorous physical activities and may involve some risks, physical injury or harm from participating. I voluntarily elect to participate in the program or to have this child participate in the program and assume the risks of injury or harm that could result from that participation.
4. In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to the physician selected by the child's Group's Leaders or Alpine staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the above named child.
5. I give permission to Alpine to photograph and video tape the child for the use in any future promotional materials, including Alpine's website postings, without expectation of compensation.

I have read and understand this Release of Liability Declaration, and voluntarily sign it.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date