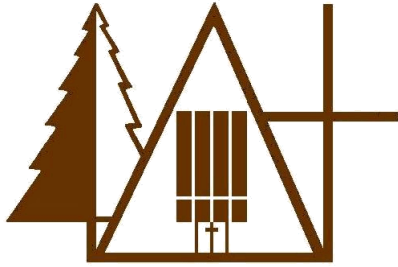


Camp Camrec



18899 Little Chumstick Creek Rd.
Leavenworth, WA 98826

Phone: 509-548-7245
Email: camrec@nwi.net
Website: camrec.org
Facebook: Camp Camrec

Volunteer Liability and Medical Release

(18 or older - Please send this to Camp Camrec)

Personal Information

Name _____	Date _____
Birth Date _____	Gender _____
Home Phone _____	Cell phone _____
E-mail _____	
Address _____	
City / State / Zip _____	

Emergency Contact Information

Name _____	Phone _____
Relationship _____	

Medical Information

Physician _____	Physician Phone _____	
Health Insurance Name _____	Member # _____	
	Group # _____	
Medical Information	Allergies:	Current Medications:
Health History:	__ Medications _____	
__ Diabetes	__ Insect stings	
__ Asthma	__ Foods _____	
__ Epilepsy	__ Other _____	
__ Heart defect/disease		
__ Bleeding disorder		
__ Recent Surgery		
__ Other _____	Last Tetanus Shot _____	

ASSUMPTION OF RISK AND LIABILITY RELEASE: I assume, for myself, the risks, including the risk of illness, injury, death and damage to property, inherent in the activities associated with camping including, but not limited to, tobogganing, tubing, sledding, and other snow sports; swimming, floating, and other water sports; climbing, hiking, and other mountain sports; and other exposure to the conditions of nature in a rural, mountain environment.

Assumption of Risk and Liability Release continued on next page

I agree to release, hold harmless, and indemnify Washington Mennonite Fellowship/Camp Camrec and its caretakers, staff, officers, directors, and/or agents from any damages, claims, liabilities, and injuries relating to my participation in any Camp Camrec activities and my use of camp dining, lodging, and other facilities made available to me.

MEDICAL RELEASE: This health history is correct so far as I know. I agree to release, hold harmless and indemnify Washington Mennonite Fellowship/Camp Camrec and its caretakers, staff, officers, directors, and/or agents from any damages, claims, liabilities, or injury suffered by myself at or involved with Camp Camrec, including but not limited to those arising from the rendering of first aid, the provision of over-the-counter medications at my request, or referral to health care providers.

PUBLICITY: I grant to Washington Mennonite Fellowship/Camp Camrec and to its agents the right to photograph or film my participation in Camp Camrec activities and use the photos and/or other digital reproduction of my images for publication purposes, whether electronic, print, digital, or publishing via the Internet without compensation or approval rights.

Printed name

Signature

Date