

Global Youth Ministry
Global Youth Camps
40 Blackhawk Trail
Chatsworth, GA 30705
877-251-1800
www.globalyouthministry.org



Camp Medical Information & Release Form

Name _____ Gender _____ Age _____ Birthdate ____/____/____
Church/Org _____ City _____ State _____

In case of emergency, notify:

Name _____ Phone _____ Phone 2 _____
Address _____ Relationship _____

Family Physician:

Name _____ Phone _____
Address _____ City, State, Zip _____

Insurance Information

Provider: _____ Policy No. _____
Address _____ City, State, Zip _____

Policy Holder _____ Type of plan: group individual

Allergies/Other Info

Penicillin Insect Bites Hay Fever

Poison Ivy Other: _____

Date of last Tetanus shot: _____

Is the participant on any prescribed drugs/medication: yes no

If yes, please explain: _____

What medications will be brought to camp/retreat? _____

NOTE: Any/all medications that are brought to camp MUST be turned in to the designated adult from the sponsoring church/organization during a minor's stay. No student/minor may be allowed to keep any prescription drugs/medication in their possession at any time, except as supervised by designated sponsor.

Photo Release: With participation, I give permission for myself/my child to be photographed, and/or videotaped while participating in the above stated camp/retreat for the purposes of publicity, staff training, and/or promotion.

I, the participant/parent/guardian as signed below, hereby give consent and/or authorization for the individual listed on this form to be examined by medical or dental personnel, as dutifully licensed to practice under the laws of the state; and to provide necessary treatment and/or hospitalization that in their professional opinion is necessary to maintain the life, health, or well being of the individual. I also understand that my insurance is primary in any and all claims, and the sponsoring church or organization becomes secondary. I have examined this form and find that all information is correct and true to the best of my knowledge.

Signature of participant (over 18) OR
Signature of parent or guardian (if participant is under 18)

Date

OUTDOOR RECREATIONAL ACTIVITIES CONSENT AND ASSUMPTION OF RISK

It is my desire to participate in the outdoor recreational activities provided by COHUTTA SPRINGS CONFERENCE CENTER (CS). Everything reasonable has been done to assure that CS activities have been made as safe as possible; however, I, the undersigned, am fully aware of the risks associated with all outdoor recreational activities, which would include, but are not limited to, waterfront activities, horseback riding, caving, climbing/rappelling, camping, guided hikes, canoeing/rafting, and participating in the ropes course. I the undersigned, am fully aware that it is possible for me to receive injuries to my body which could be permanently disabling or could even cause me to die.

As for consideration to participate in these activities, I, the undersigned, hereby knowingly and intelligently assume the risks of harm and/or bodily injury to my person or property that are associated with or arise out of this activity. I, the undersigned, agree to not knowingly place myself or other persons in hazardous situations. I the undersigned, also promise to abide by the rules, which are designed for my safety and agree to use all appropriate equipment (such as life vests and helmets) as specified by CS.

I, the undersigned, assume responsibility for replacement or repair of equipment due to damages occurring during my rental.

I, the undersigned, realize that outdoor activities have inherent risks. I, the undersigned, knowingly accept and assume this risk, and agree to release CS, a department of COHUTTA SPRINGS CONFERENCE CENTER, and its parent organizations from any and all liability and responsibility. Further, I agree to indemnify and hold harmless said organizations from any and all claims, damages, injuries, and expenses arising out of or resulting from my participation in the outdoor activities. I further agree to release, acquit, and covenant not to sue said organizations for any and all actions, causes of action, claims or damages, damages in law, or remedies in equity of whatever kind, including the negligence of said organizations. I understand "said organizations" includes their agents and employees.

I, the undersigned, am _____ years of age and have read and understood this entire agreement.

SIGNATURE OF APPLICANT _____ **DATE** _____

PARENTS/OR GUARDIANS CONSENT, RELEASE, AND ASSUMPTION OF RISK AGREEMENT FOR PARTICIPANTS UNDER THE AGE OF 18

I, the parent/guardian, hereby give my consent for all participants under 18 years of age for whom I am responsible, and whose names and ages are listed below. I have read the above release and assumption of risk agreement to be bound by it.

SIGNATURE OF PARENT/GUARDIAN (circle one) _____ **DATE** _____

SIGNATURE OF PARENT/GUARDIAN (circle one) _____ **DATE** _____

Names of Children:

Name _____ Age _____
Name _____ Age _____

Name _____ Age _____
Name _____ Age _____