

# Emergency Information and Release Form for Families Attending Camp de Benneville Pines

Parent (Primary Insured) at Camp \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Gender \_\_\_\_\_

Second Parent at Camp \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Child Camper \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Child Camper \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Child Camper \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

List additional family members on reverse

## Please initial each Release below and submit to camp as part of the Check-in process

### Medical Release

\_\_\_\_\_(initial) I understand that if a family member or I become injured or ill while at camp, the Health Supervisor is authorized to determine if I require care outside the bounds of that available in our wilderness setting. Due to de Benneville's isolation and elevation, any camper remaining ill for more than 12 hours may be asked to leave camp, and may return only with authorization from a physician. I have been made aware that it can take 45 minutes or more for paramedics to respond to a 911 emergency call. If road conditions are icy or hazardous, it can take substantially longer. I agree to follow the safety rules of the camp.

\_\_\_\_\_(initial) I hereby give permission for the camp Health Supervisor to provide routine health care and emergency medical treatment, including ordering x-rays or routine tests for myself or family members. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

\_\_\_\_\_(initial) I give permission to the retreat organizers or the camp staff to arrange necessary related transportation. In the event of an emergency, I hereby give permission to the physician selected by the retreat organizers or camp staff to secure and administer treatment, including hospitalization to myself or family members.

### Release of Liability

\_\_\_\_\_(initial) I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in camp activities. This discharges in advance Camp de Benneville Pines, its employees and other agents from liability even though that liability may arise out of their negligence. I know that being in a forest retreat setting involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns.

\_\_\_\_\_(initial) I agree to follow the safety rules of camp and assume responsibility to ensure my children also follow the rules.

### Release of Contact Information

\_\_\_\_\_(initial) I understand my contact information above will be shared with Camp so they can keep me in the loop on what's happening all year long. Camp will not share any information with third-party entities, ever.

### Photo Release

\_\_\_\_\_(initial) I give permission and consent for all persons associated with my registration to allow photographs/video to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Camp de Benneville Pines and its agents to illustrate and promote the camp experience, Camp de Benneville Pines, and its camp programs. Camp will not identify Campers by name without their permission.

If family is covered by medical/hospital insurance, attach a copy of your card to this form. If you have no insurance, please provide social security numbers for each family member at camp on a separate piece of paper so care can be obtained at County Hospital.

Emergency Contact (not at camp)

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_

Phone #2 \_\_\_\_\_ Email/SMS \_\_\_\_\_

Known allergies to food, medication and/or anesthetics, environmental factors. Indicate which family member and describe reactions (use other side for additional information).

Known medical problems/conditions and medical treatment that may be needed at camp (use other side for additional information).

Please list all medications (OTC & RX) that you will be taking while at camp (use other side for additional information).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Camp Dates \_\_\_\_\_

Cabin \_\_\_\_\_

Family Name \_\_\_\_\_