

MEDICAL RELEASE & LIABILITY WAIVER

Required for each camper under the age of 18

Camper Name: _____

Dates of Camp: _____

Family Insurance Company: _____

Policy Number: _____

Address/City/State/Zip: _____

Group Number: _____

Phone Number: _____

Primary Insured: _____

Health Problems to be aware of (Known allergies, medication information, etc.) Attach additional pages if necessary.: _____

I, the undersigned, hereby give my permission to Prescott Pines Camp to secure emergency medical and surgical treatment and provide routine, non-surgical medical care for the minor child named above while attending camp.

I, on behalf of myself, my children, my assigns, and my estate, agree to release and hold harmless Prescott Pines Camp, its officers, board, agents, or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at or around Prescott Pines Camp. This release does not apply to intentional and/or willful acts of misconduct by Prescott Pines Camp or any of its officers, board, agents, or employees.

Should Prescott Pines Camp, or anyone else acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Prescott Pines Camp harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in activities at Prescott Pines Camp, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Prescott Pines Camp on the basis of any claim which has been released herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Signature: _____

Date: _____

Please sign and mail immediately to:

Prescott Pines Camp
855 E. Schoolhouse Gulch Rd.
Prescott, AZ 86303

Or Fax to:

(928) 442-3199