

Medical & Liability Release

(Please use blue or black ink only)

NAME: _____ AGE: _____ DATE OF BIRTH: ___/___/____ GRADE IN FALL '24 _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: () _____ CELL: () _____ EMAIL: _____
IN CASE OF EMERGENCY NOTIFY: () _____ NAME/RELATIONSHIP: _____
FAMILY DOCTOR: _____ PHONE: () _____ MALE FEMALE

HEALTH HISTORY:

<input type="checkbox"/> DRUG ALLERGIES	<input type="checkbox"/> HEART CONDITIONS	<input type="checkbox"/> BEHAVIORAL/NERVOUS DISORDER
<input type="checkbox"/> FOOD ALLERGIES	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> PHYSICAL HANDICAP
<input type="checkbox"/> ENVIRONMENTAL ALLERGIES	<input type="checkbox"/> SEIZURES DISORDERS	<input type="checkbox"/> STOMACH PROBLEMS
<input type="checkbox"/> INSECT STINGS	<input type="checkbox"/> DIABETES	<input type="checkbox"/> OTHER

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions): _____

Date of last tetanus shot: _____ Name, dosage, and frequency of any medications that must be taken regularly, or as needed: _____

Any swimming restrictions: Yes _____ No _____ Any activity restrictions: Yes _____ No _____ What restrictions? _____

If your child should require medical attention at camp for injuries received or illnesses contracted prior to coming to camp, please send us the information necessary to give your child proper medical service during your child's stay at camp.

If applicable, please list any learning disabilities or behavior difficulties that may or may not have resulted in disciplinary action that we should be aware of: _____

Sonshine Bible Clubs, INC. (herein referred to as Westside Ministries) insurance is only **secondary insurance**. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is in camp. Do you have Health Insurance? Yes _____ No _____

Name of Insurance Company _____ Insurance Company Address _____
Policy Number _____

MEDICAL RELEASE:

In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by Westside Ministries to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the nurse/EMT on duty at Camp 356 to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release. This form may be copied and given to the counselor if there is information pertinent to the care of your child. If there is a reason that you wish this information to stay confidential, please contact Westside Ministries.

Parent or guardian's signature _____ Relationship to child _____

(You may sign your own Release if you are 18 or older)

Print Name _____ Spouse's Name _____ Date _____

PLEASE FILL OUT BACK SIDE AS WELL/VOLTEA Y COMPLETA LA PARTE DE ATRÁS

SONSHINE BIBLE CLUBS, INC. AKA Westside Ministries

Participation, Release, Waiver & Indemnity Agreement

(herein referred as Westside Ministries)

WHILE WESTSIDE MINISTRIES & CAMP 356 MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT CAMP 356.

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at Camp 356, and on or around Pinecrest. These activities include, but are not limited to, swimming in the Lake, boating, High Ropes Course, biking, archery, riflery, horseback riding, and strenuous competition games. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Westside Ministries has taken reasonable steps to provide equipment and skilled employees so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the Camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Westside Ministries reserves the right to use any audio, video, and/or photography of guests or campers participating in Camp 356-facilitated events.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Westside Ministries, 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 Camp 356, or on or around Pinecrest. This release does not apply to intentional and/or willful acts of misconduct by Westside Ministries or any of its officers, Board, agents or employees.

Should Westside Ministries, or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Westside Ministries 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 these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Westside Ministries 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.

Parent or guardian's signature _____ Date _____

(You may sign your own Release if you are 18 or older)

Print name _____ Relationship to child _____

Camper's Name _____

Westside Ministries | Turlock, Ca 95380 | P.O. Box 354 | (209) 667-8593 | www.westsideministrieturlock.com

Fill out and return to you church registrar. If you have no church registrar, please bring to camp.

BOTH SIDES MUST BE FILLED OUT AND SIGNED