

Medical & Liability Release

Camper's Name: _____

My child _____ is in good health and has my permission to participate in Maranacook Summer Camps.

Signature: _____ Date: _____

In case of emergency, please contact _____ Phone _____

Maranacook is not responsible for accidents/injuries occurring at camp.

Medical History/Health problems - Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Bone Fractures | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Attention or learning disability | <input type="checkbox"/> Wear contact lenses/glasses |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Stomach pain | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Wearing hearing aids |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Skin rash |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Orthodontics/braces |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Environmental allergies |

Allergies: Please list all allergies (medication, food, insect stings/bites, environmental), type of reaction your child may experience and treatment needed:

Special information we should know about this participant:

Authorization of Emergency Care

Although precautions are taken to provide proper organization, instruction, and equipment for your child's participation in our programs, there can be no guarantee of absolute safety against injury and unforeseeable accident.

I (we) being 21 years of age or older, do for myself (ourselves) and for and on behalf of my child-participant, do hereby release, forever discharge and agree to hold harmless the Maranacook Summer Camp and the directors and agents thereof, from any & all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in recreation and activities involved therein.

Furthermore, I (we) and on behalf of my (our) child-participant, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said Maranacook Summer Camps, their directors and agents, for any liabilities sustained by said Maranacook Summer camps, their directors and agents as the result of the negligent, willful or intentional act (s) of said participant, including expenses incurred attendant thereto.

I (we) am (are) the parent (s) of legal guardian (s) of this child-participant, and hereby grant my (our) permission for him or her to participate in activities of said camp, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatments, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the child-participant to return home due to medical reasons, disciplinary or otherwise,

I (we) hereby assume all transportation costs.

In the event of an emergency requiring medical treatment, I give permission to the camp staff to obtain the services of a licensed physician. Please notify me immediately of any such emergency.

Signature of parent/legal guardian: _____ **Date:** _____