

**Koinonia Camp & Conference Center – Activity Release & Consent Form**

Session/Group Name (what group you are attending camp with) \_\_\_\_\_ Date \_\_\_\_\_

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian or Spouse \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

**Please answer the following questions.** If you answer yes, please give a brief description. (Use back if necessary)

1. Are you allergic to any medications?
2. Do you have any serious allergies?
3. Are you currently on medication? For what?
4. Have you had a seizure the last 12 months? If yes, are you on medication for this condition?
5. Do you have heart defects, disease, or high blood pressure?
6. Do you have debilitating back, knee or similar structural disorders?
7. Have you had any serious sprains, broken limbs, or surgery of any kind in the past 12 months?
8. Are you or do you believe yourself to be pregnant?

The undersigned do hereby authorize the Directors of Koinonia Camp, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, at a hospital or elsewhere. The above-mentioned agent is authorized to make decisions concerning the health and general welfare of this minor. This authorization will remain effective while the above minor is in the care of the above agents for an indefinite period unless otherwise revoked in writing by the undersigned and delivered to the Director of Koinonia Camp. First aid and non-prescription medications will be administered to the above-mentioned minor at the direction of the Directors of Koinonia Camp or their Health Care representatives with the following exceptions: ( ) None ( ) Listed on back page:

**Physical Activity Release**

Camp activities include, but are not limited to, hiking, swimming, low and high Koinonia Adventure course activities, canoeing, horseback riding, archery, and paintball adventure games. There are risks of physical injury or harm from participating in high adventure activities. I voluntarily elect to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Koinonia Camp its officers, employees, and agents from all liability for any injury or harm to me (or my minor) from participating in said activities; whether the injury or harm is caused by the negligence of Koinonia Camper otherwise. I have read and understood this release of liability.

Participation in the physical aspects of any or all outdoor initiatives is absolutely voluntary. I acknowledge the fact that not all of the stresses and hazards connected with the activities can be foreseen. Some of the specific hazards I might encounter include slipping and falling on trails, bumps, bruises, cuts, scrapes, insect stings, poison ivy, sprains, or other injuries. Facilitators will take every reasonable precaution to minimize exposure to known risks. I have the personal responsibility to follow all the safety rules and guidelines given to me. I hereby personally assume all risks in connection with the activities and I waive all claims arising out of the guidelines given to me.

I grant for any photographs taken during the experience to be used by Koinonia Camp & Conference Center for promotional or other purposes.

Parent must initial approved Koinonia Adventure Activities for minors:  
Low Initiatives \_\_\_\_\_

Participant signature (if 18 or older) \_\_\_\_\_

Father/Mother or Guardian (if under 18) \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_