



**MEDICAL AND WAIVER RELEASE FORM**

Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Existing Medical Coverage: \_\_\_\_\_ Plan #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

I hereby voluntarily permit my child to participate with CAMPING WITH CRADLE. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF OUTDOOR ACTIVITIES. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. \_\_\_\_\_ Initial Here

As consideration for being permitted by CWC to participate in these activities, I hereby release and hold harmless CWC staff & volunteers and Board Members from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold CAMPING WITH CRADLE (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to CWC Staff and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to CWC Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND CAMPING WITH CRADLE AND THAT I'M SIGNING IT AT MY OWN FREE WILL.

\_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature