

**TEEN QUEST RELEASE FORM (COPIES MAY BE MADE) Required for each participant Please Read Carefully and Sign**

FM2018

Our program and facilities are operated in a clean, safe manner. However, in case of illness or injury, we must have a Health History Medical Consent Form complete and signed for each camper. Campers under age 18 must have signature of parent or legal guardian. Your camper can not begin the program unless this form is completed and the required signatures are provided. Please be aware that Teen Quest does NOT provide medical or hospital insurance coverage.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grad Year \_\_\_\_\_ Gender \_\_\_\_ CAMPER EMAIL \_\_\_\_\_ @ \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ PARENT EMAL \_\_\_\_\_ @ \_\_\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Emergency Contact (Other than parent) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name(s) of anyone other than parent who is authorized to sign out student from camp \_\_\_\_\_  
Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_ Youth Leader's Name \_\_\_\_\_ YOUTH LEADER EMAIL \_\_\_\_\_ @ \_\_\_\_\_

**CONFIDENTIAL INFORMATION:**

Do you carry family medical/hospital insurance? Y / N Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Responsible Party \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Name of Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Date of last Tetanus shot \_\_\_\_\_ Are all immunizations up to date? Y / N List any unusual ailments: \_\_\_\_\_  
List all medical conditions: physical, emotional, behavioral disorders and learning disabilities: \_\_\_\_\_  
Has camper been exposed recently (within 3 weeks) to any kind of communicable disease? Y / N If yes, what? \_\_\_\_\_  
List ALL allergies: Drug \_\_\_\_\_ Insect/Plant \_\_\_\_\_ Other \_\_\_\_\_ Diet Restrictions \_\_\_\_\_ (Will need to fill out an additional form for diet restrictions)  
List medications camper will require while at camp and reason for taking the medication \_\_\_\_\_  
All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to First Ad to administer to your child MUST be in ORIGINAL labeled containers with dispensing instructions in English. We do not administer injections. YOU must provide a prescribed Epi-Pen if needed.

**HORSEBACK RIDING:** I understand the horses to be well-trained but realize the danger of horseback riding. I believe myself/my child to be of sound health with sufficient maturity to ride. I only expect the ownership and management of Teen Quest to allow me/my child to ride at my/ my child's own risk. Due to insurance, only 9 years and older may ride without a lead rope.

**PAINTBALL:** I understand by my/my child' participation in the sport and activities of paintball that weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular equipment and personal discipline will minimize the risk, the risk of serious injury does exist. I only expect the ownership and management of Teen Quest to allow me/my child to participate in paintball at my/my child's own risk. Junior age children participate in target practice only.

**PARENTAL/ GUARDIAN AUTHORIZATION:**

By signing this form, I give my informed consent to the First Aid personnel assigned by Teen Quest. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses, and scopes of practice. I authorize Teen Quest to arrange or provide necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. This completed form may be photocopied for trips away from Teen Quest properties. I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: throat lozenges or spray, anti-nausea/diarrhea, Epi-Pen (by prescription), antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, Ipecac, electrolyte replacement fluids, analgesic balms and gels, Ibuprofen, and Acetaminophen. I have requested Teen Quest to allow me/my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my/my child's participation in these activities can expose me/him/her to dangers both from known and unanticipated risks. Teen Quest program includes but not limited to: rock climbing, rappelling, hayrides, go-carts, water sliding, boating, horses, paintball, Challenge Course, skate boarding, archery, swimming, mountain boarding, high ropes, trampoline, basketball, football, hockey, field games, snow tubing, snow boarding, ice hockey, snow mobile riding/tubing. Acknowledging that such risks exist, I, on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of myself/my child, do hereby forever release and discharge, indemnify and hold harmless Teen Quest, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my children's participation in Teen Quest's camp and its activities, including losses arising from the negligence of any of the Release Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claim include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of American Arbitration Association.

*Please no fireworks, alcohol, drugs, knives, personal equipment, or paintballs. You may bring your own paintball gun but no paintballs. We are not responsible for loss or theft.*

**I have read and understand this entire form and by signing below agree to the terms herein.**

**I give permission for pictures/videos in which myself or said minor child appears to be used in future camp brochures and flyers, videos, websites, or promotional literature published and used by Teen Quest.**

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ PRINTED NAME OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF PARTICIPANT (UNDER 18 YEARS OLD) \_\_\_\_\_ PRINTED NAME OF PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_