



Great Lakes District of the C&MA  
Middle School & High School Winter Retreat  
2250 S. Huron Pkwy Ann Arbor, MI. 48104

## CAMPER MEDICAL & LIABILITY RELEASE FORM

(must be completed by all campers under the age of 18)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Age: \_\_\_\_\_ Present Grade: \_\_\_\_\_

List Any Conditions Minor is being treated for: \_\_\_\_\_

\_\_\_\_\_

List All Current Medications: \_\_\_\_\_

\_\_\_\_\_

List ANY Allergies to food or drugs: \_\_\_\_\_

\_\_\_\_\_

Explain ANY other medical needs or conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION

To my knowledge, I have/have not been exposed to an infectious disease within the past 3 weeks. I give permission to the Great Lakes District Leadership and/or its agents to select transportation, a medical provider who may provide proper treatment for hospitalization, order injections, anesthesia or surgery for myself or child. Everyone MUST sign below.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ or \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

## RELEASE OF LIABILITY

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

There are inherent risks in any retreat environment. Retreat activities include but are not limited to: hiking, basketball, volleyball, bowling, pickle ball, dodgeball, indoor rock climbing, etc. There is possibility of risk of physical injury or harm from participating in these activities. I voluntarily elect to participate in camp activities and assume the risk of injury or harm that could result from participation. On my own behalf and that of my personal representative and heirs, I hereby release the Great Lakes District of the C&MA, its officers, employees and agents from all liability from any injury or harm to me from participating in any activity at the AVALANCHE Winter Retreat, February 23<sup>rd</sup> – 25<sup>th</sup>, 2018.

I have read, understand and agree to the above.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

As the parent/legal guardian of the above mentioned participant, I have read, understand and agree to the aforementioned Release of Liability.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_