

**Rocky Mountain Calvary Chapel, Inc.  
2023 Medical/Liability Release, Permission Agreement**

2023

**MEDICAL RELEASE/AUTHORIZATION TO CONSENT TO TREATMENT:**

I hereby authorize the treatment of \_\_\_\_\_ by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impalement, or undue discomfort if delayed, while said child is participating in a church program including transportation to and from that program or trip. Also, I hereby authorize Rocky Mountain Calvary, as agents of the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision, of any physician or surgeon on the medical staff of a hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care rendered but it is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable. **Rocky Mountain Calvary is not liable for any such treatment rendered.**  
Initial \_\_\_\_\_

**TRANSPORTATION RELEASE:** I realize that the church's insurance begins where the individual's health and accident policy terminates. It is only valid when other insurance has been extended to its limits. Initial \_\_\_\_\_

Your Insurance Company/Policy# \_\_\_\_\_

**PERSONAL BELONGINGS RELEASE:** I realize that Rocky Mountain Calvary Chapel, Inc. (hereafter referred to as "Rocky Mountain Calvary") is not responsible for personal belongings and hereby release them from any liability resulting from the loss or theft of those belongings.  
Initial \_\_\_\_\_

**DISCIPLINE RELEASE:** If in the event of repeated misconduct, I agree to come up and pick up my child from Camp Elim. Initial \_\_\_\_\_

**NATURE OF RISKS:** I understand that voluntarily traveling to and attending Camp Elim may involve certain risks beyond the reasonable control of Rocky Mountain Calvary, its staff, and volunteers including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, etc. Rocky Mountain Calvary, its staff, volunteers, and sponsors disclaim any and all responsibility for any such risks. Initial \_\_\_\_\_

**WAIVER OF LIABILITY/HOLD HARMLESS AGREEMENT:**

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_ (child participant), give my permission for my child to attend and participate in the activities sponsored by Rocky Mountain Calvary. As the undersigned (parent and/or legal guardian) I hereby release from liability Rocky Mountain Calvary, its staff, volunteers, and sponsors in the event of any accident en route, during, and returning from the sponsored activities. The undersigned (parent and/or legal guardian) does also hereby give permission for my child to be transported in any vehicle designated by the adult in whose care the minor has been entrusted while attending the

participating in sponsored activities. Therefore, consideration of the opportunity to allow the child to participate, the undersigned does hereby forever release and discharge Rocky Mountain Calvary, its staff, recognized volunteers and sponsors from any and all claims, demands, rights and causes of action of any kind or arising out of any and all known and unknown, foreseen or unforeseen bodily and personal injuries, property damage or the consequence thereof, resulting from any accident, casualty or even involving the above-named child participant and arising out of participating in activities.

I understand this means I agree not to sue any and all of the released parties for any injuries or property damage resulting to the above named child participant during or in connection with his or her participation in Rocky Mountain Calvary's Camp Elim event.

I acknowledge that this is a full and complete release for all injuries and damages which the undersigned may sustain as a result of participation in any church activity.

I \_\_\_\_\_ being the legal parent/guardian of \_\_\_\_\_ give my permission for him/her to go, to travel, and to participate in any activity as mentioned above under the direction of Rocky Mountain Calvary.

Parent(s) Name(s): \_\_\_\_\_

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

Parent Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company/Policy/Group #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Ins. Phone #: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Elim Health Information Form:**

This form MUST BE FILLED OUT COMPLETELY before camper or staff member may be admitted into camp.

**Camper (or Staff Member) Name:** \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

**Health History**

**This section must be filled out by the parent/guardian or the camper/staff member who is 18 years old and older.**

1. Does the camper or staff member have now or been subject to, in the past, any of the following? Please check yes or no. If yes, please explain.

	Yes	No	Remarks
Allergy, food/ drug aministrals*	<input type="radio"/>	<input type="radio"/>	_____
Allergy, other*	<input type="radio"/>	<input type="radio"/>	_____
Asthma*/Lung trouble	<input type="radio"/>	<input type="radio"/>	_____
Epilepsy/Seizures*	<input type="radio"/>	<input type="radio"/>	_____
Diabetes*	<input type="radio"/>	<input type="radio"/>	_____
Digestive Problems	<input type="radio"/>	<input type="radio"/>	_____
Ear Trouble	<input type="radio"/>	<input type="radio"/>	_____
Emotional Disturbances	<input type="radio"/>	<input type="radio"/>	_____
Heart/Cardiac	<input type="radio"/>	<input type="radio"/>	_____
Hernia	<input type="radio"/>	<input type="radio"/>	_____
Skin Trouble	<input type="radio"/>	<input type="radio"/>	_____
Surgery within last year	<input type="radio"/>	<input type="radio"/>	_____

**\*Please note that if camper has a history of asthma, diabetes, seizures or severe allergic reaction, complete written instructions are required indicating all medications, treatment and restrictions.**

2. What communicable diseases has the camper or staff member had? Please check those that the camper or staff member has had.

- Chicken Pox
- Diphtheria
- Scarlet Fever
- Whooping Cough
- Polio
- Mumps
- Measles

Date of last tetnus: \_\_\_\_\_

3. Is camper or staff member presently under treatment for any medical condition?  Yes  No If yes, please explain:

\_\_\_\_\_

4. Is camper or staff member presently taking any medication?  Yes  No If yes, please explain:

\_\_\_\_\_

**Please include a completed and signed Medication Authorization Form for each medication (prescription & over-the-counter) being administered at the time of Camp.**

5. Describe any physical handicaps, exercise restrictions or special diet needs by the camper or staff member.

\_\_\_\_\_

\_\_\_\_\_