



**FOREST SPRINGS.**  
CAMP & CONFERENCE CENTER

# Forest Springs Release Form

All participants must complete this form.

Participant Name (Last, First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_       Male     Female  
Birth Date                      Age

\_\_\_\_\_  
Address

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

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone #

(\_\_\_\_\_) \_\_\_\_\_  
Emergency Phone #

\_\_\_\_\_  
E-mail

## Health Insurance Information

Health Insurance Company:  
\_\_\_\_\_

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

Policy Expiration Date:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please check any activities that the participant listed below **MAY NOT** engage in.

- High Ropes**       **Challenge Course**       **Downhill Snow Sports**       **Paintball**

Are there any other activities they **MAY NOT** engage in?

\_\_\_\_\_

**Are you/your child allergic to anything? What action is required if exposed?**

\_\_\_\_\_

\_\_\_\_\_

I certify that the participant listed above is in good health, free from communicable diseases, and can participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for the participant as named above.

I also understand that participation in this activity can expose me/my child to dangers both from known risks and unanticipated risks. I hereby release and discharge Forest Springs, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child may suffer while participating in the activity.

**Signature of participant**

**Date:**

*\* If participant is under 18 then a parent/guardian (age 18 or older) must sign.*

**Please Note:** Wisconsin state law requires that all medication brought to camp by a camper under 18 years of age be kept by the sponsoring organizations adult leadership in a locked unit, and to be administered by those leaders. Please have your medication clearly labeled.