



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

Sponsoring group/church: _____

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

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

Are there are 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.

Health Insurance Information

Health Insurance Company:

Insurance Policy #:

Policy Expiration Date:
_____/_____/_____