Camp Whispering Pines
A Ministry of the Mobile Baptist Association

PARTICIPANT MEDICAL INFORMATION & LIABILITY FORM

This form must be completed by all participants who take part in any activities, outings or services offered by Whispering Pines Baptist Camp. If a participant is under 18, both the participant and the participant's guardian must complete this Release. The participant and guardian, if applicable, must sign this Release in the presence of one witness. No participant will be permitted to take part in any outing or activity offered by Whispering Pines Baptist Camp unless and until this release has been completed

Camper or Guest First Name: _____ Last Name: _____

Camp/Event Name: _____ Dates of Camp/Event: _____

PARTICIPANT MEDICAL INFORMATION

List any activity (swimming, ropes course, etc) that is restricted: _____

Known allergies of participant: _____

List all medications to be taken by the participant and time to be taken: _____

_____

Name of Insurance Company: _____ Policy Number: _____

Family Physician: _____ Physician Phone Number: _____

Emergency Contact: _____ Phone: _____ Relationship to Participant: _____

EMERGENCY TREATMENT CONSENT:

The above information is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except if noted above. If I cannot be reached in an emergency I hereby give permission to the physician selected by the Camp Whispering Pines Director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the above named child. I also agree to not hold Camp Whispering Pines Baptist Camp, it's staff, residents, or any party to the Mobile Baptist Association legally responsible for any injury that may occur while on Camp property. I also understand that my child may be taking part in camp activities such as hiking, ropes course and camping. I give permission for participation in these activities. I also give permission to Camp Whispering Pines to photograph my child for promotional reasons only. I understand that I am responsible for expenses incurred by sickness or injury not covered by camp insurance.

LIABILITY RELEASE:

The participant (camper/guest) listed above, and his/her guardian (if applicable) understand that he/she may be taking part in our either our ropes course, paintball, swimming , canoeing, hiking trails, etc recreation, and this activity can be demanding and quite different from their everyday events. In signing this release the participant and his/her guardian (if applicable) understands the full appreciation of any risks, hazards or dangers inherent in the outdoor activity of choice which may be exposed and do hereby agree to assume all of the risks and responsibilities surrounding participation in this outdoor activity. Therefore the participant and guardian (if applicable) do for themselves , their heirs and personal representative, agree to defend, hold harmless and indemnify, release and forever discharge Whispering Pines Baptist Camp, as well as all associates or employees of Whispering Pines Baptist including the Camp Director, Director's wife, the Mobile Baptist Association, etc against any and all claims, demands and actions or causes of action on account of or resulting from participation in this outdoor activity and which may result and cause beyond the control of, and without the fault or negligence of Whispering Pines Baptist Camp and its employees, and all associates during the period of participation as for stated. Participant and his/ her guardian fully understand and acknowledge the risks involved in these outdoor activities (as well as all activities stated or not while on Whispering Pines Baptist Camp's property). Participant and guardian understand that Whispering Pines Baptist Camp, as well as all employees and associates, including spouses of employees, officers, directors, agents, shareholders, and servants assume and accept no liability for personal injury, loss of life, theft of or damage to personal property. Participant and his/her guardian (if applicable), attest and verify that he/she is physically fit and has sufficiently trained for participation in and completion of this outdoor activity and that his/her physical condition has been verified by a licensed medical doctor and approved for any and all activities. And do further attest and verify that they know of no physical or mental condition from which the said participant suffers which could endanger him/her and/ or other participants engaged in this outdoor adventure.

In witness whereof, participant and guardian have caused this Release to be executed by their own hand on_____. _____

Today's Date | Witness Signature | Witness Printed Name

_____

Camper/Guest Signature | Camper/Guest Printed Name

_____

Parent or Guardian of Camper/Guest Signature (if camper is under 18) | Parent or Guardian of Camper/Guest Printed Name