

# KBA Camper Health and Release Form(1 of 2) Cabin: \_\_\_\_\_

Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)

Church Name: \_\_\_\_\_ Camp Week: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

SS Number: \_\_\_\_\_ CDIB #: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell or Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

1. Does camper have any known allergies or is camper unable to take any medication? **Yes No** (Please circle one.) If yes, what? \_\_\_\_\_

2. Does camper presently take any medications regularly? **Yes No** (Please circle one.)

If yes, what medications? \_\_\_\_\_ For what reason? \_\_\_\_\_

3. Please List any other medical condition(s) that would be helpful to know: \_\_\_\_\_

4. Date of last tetanus immunization: \_\_\_\_\_

5. Insurance provider (Including Soonercare or CDIB Coverag):

Insurance Company: \_\_\_\_\_ Name on Insurance Policy: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mailing Address for Medical Claims (see back of insurance card): \_\_\_\_\_

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

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

7. Will a parent of the Camper attend KBA during the same period of time as the Camper? **Yes No** (Please circle one.)

If yes, name of parent: \_\_\_\_\_

Student Name:

Church:

Please continue to the back or adjoining page. All forms MUST be fully completed.



## Parents:

Your child is required to abide by the KBA dress code and code of conduct while at camp.

As a means of acknowledging and agreeing to this, their signature is required on the second page of this form.



# KBA Student Release and Waiver of Claims Form (2 of 2)

**I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.**

My child, \_\_\_\_\_ will be attending camp at Kiamichi Baptist Assembly. In the event that my child should need emergency medical care or attention, the Host Church leadership, KBA, S u m m i t C a m p s I n c or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon, or other health care professional. If such emergency care is provided, I understand that my health insurance information will be given and KBA insurance policy is to be secondary with limits of coverage of \$2,500 accident; \$750 illness; and \$300 dental. I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

- Furthermore, in consideration of my child being allowed to attend Kiamichi Baptist Assembly, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, KBA, Summit Camps Inc, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, KBA, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at KBA, and (2) injuries arising from the decision of the leadership of the Host Church, KBA, Summit Camps Inc, or any of their agents or employees to consent to the provision of emergency medical care to my child.
- I understand that my child's image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.
- I have read, or had read to us the KBA guidelines, rules, and regulations and expect my child to abide by those guidelines.

Parent Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

## **I have read, or had read to me, the KBA guidelines and will abide by them.**

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

### Additional Activities:

I acknowledge that during the following additional activities are subject to certain risks and dangers that may occur. These include, but are not limited to, the hazards of depending on other people, being at various heights (ground to 45 feet), water hazards, hazards associated with archery, and the forces of nature. The undersigned further recognizes that these risks may also include physical or psychological damage and/or injury due to accidents which may occur resulting from the challenge course experience or other type of activities. While participating, the undersigned agrees to abide by all of the policies and procedures set before them in order to maintain the utmost level of safety.

In consideration of the above, the undersigned, do hereby assume all the above risks which are not foreseeable, and will hold Kiamichi Baptist Assembly, Inc, its owners, directors, employees, and/or associates harmless from any and all liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever, whether bodily injury, property damage or loss or otherwise, which may arise from, or in conjunction with, participation in this program. In short, I, along with my family or heirs, cannot sue Kiamichi Baptist Assembly, Summit Camps Inc, its owners, directors, employees, and/or associates. Also agreed to by all participants is to not be under any influence of any chemical substance, whether legal or illegal, including alcohol. I fully understand that participation in these activities is strictly voluntary.

Parent/Guardian: \_\_\_\_\_

Camper: \_\_\_\_\_ Date: \_\_\_\_\_

Circle any activity that permission is NOT granted for participation: Challenge Course/ Canoeing/ Archery/ Waterslide