



ADULT REGISTRATION

In order to comply with American Camping Association and state laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person over the age of 18 attending Forest Home. Please be aware that Forest Home does NOT provide medical or hospital insurance coverage.

Name: _____ Age: _____ D.O.B.: _____ Gender: _____ Ht: _____ Wt: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Dates of Camp: _____
Name of Church Group: _____ Phone Number: _____
Emergency Contact: _____ Relationship to Camper: _____ Phone Number: _____

IF YOU DO NOT WISH TO RECEIVE FOREST HOME UPDATES, PLEASE CHECK HERE _____

BLESSINGS AND MAY YOUR TIME WITH US BE FULL OF REMARKABLE MEMORIES.

GENERAL HEALTH HISTORY

I decline to give information

Check "Yes" or "No" for each statement. Please explain all "Yes" Answers.

- | | | | | | |
|---|------------------------------|-----------------------------|----------------------------------|------------------------------|-----------------------------|
| 1. Had a recent surgery? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Had seizures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have a recurrent/chronic illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Had headaches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Have any skin problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have Diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

MEDICAL CONSENT FORM REQUESTED MEDICAL INFORMATION (OPTIONAL):

Forest Home requests this information in order to provide appropriate medical care in the event of your injury and/or illness while at camp. Forest Home is committed to protecting the confidentiality of this information.

☐ I DECLINE TO GIVE INFORMATION.

Do you carry family medical/hospital insurance? **YES** **NO** Insurance Carrier: _____
Name of Responsible Party: _____ Policy #: _____
Address: _____ Phone: _____ Relationship to Camper: _____
Name of Family Physician: _____ Phone: _____
Name of Family Dentist: _____ Phone: _____
Date of last Tetanus Shot: _____
Has Camper been recently exposed (*within last 3 weeks*) to any kind of Communicable Disease? _____
Please List **ALL** Allergies: Drug: _____ Insect/Plant: _____
Food: _____ Diet Restrictions: _____

PLEASE TURN OVER, SIGNATURE REQUIRED ON BACK >>

Authorization for Health Care

By signing this form I give my informed consent to the First Aid personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures that includes the use of over-the-counter medications. Forest Home does not supply wheel chairs and has limited supply of crutches for use in fair weather conditions only. I understand that it is my responsibility to make arrangements for myself/attendee with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice or supply with equipment. I authorize Forest Home, Inc. to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for myself/my attendee, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

I have requested Forest Home, Inc. to allow myself/my attendee to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that myself/my attendee's participation in these activities can expose myself/him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself/my attendee and any other party who may have the right to assert any rights for or on behalf of myself/my attendee, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with myself/my attendee's participation in Forest Home, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. In the event that child abuse is reported while your attendee is at Forest Home, we may fully cooperate with Child Protective Services and Law Enforcement for the best interest of the child.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS INVOLVED

I have personally inspected Forest Home or, waived my right to do so and realize the risks involved in participation in camp activities. I realize that Forest Home is not generally advised for use by those with special needs, the disabled or those with needs related to walking on their own such as with crutches or wheelchair, that there are risks and dangers involved in such activities and that unanticipated and unexpected dangers may arise during such activities. I am aware that although Forest Home employs first aid providers for weekend and winter camp/summer conferences, that Advanced Life Support teams, should they be needed, are up to twenty minutes away from Forest Home property. I am willing to assume said risk of injury and/or complication of existing medical conditions to my person, my property, (or those of my attendee) that may be sustained on the occasion of the camp experience I (or my attendee) shall attend.

RELEASE OF RESPONSIBILITY

I, as an adult or the parent and/or guardian of the individual named in this form giving permission for my/his/her attendance at Forest Home on the dates specified herein, except for willful misconduct or gross negligence of Forest Home, its directors, officers, staff or any other persons connected therewith, agree to indemnify and hold Forest Home, and each of the persons connected therewith, harmless for injury or damage to the person or property of said individual.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____

Date _____