HIGHLANDS
Presbyterian Camp & Retreat Center

**GENERAL RELEASE OF LIABILITY FORM FOR INDIVIDUALS**

**PARTICIPANT'S NAME** _____

**CAMP/RETREAT**_____ **Date of Event**_____

**PHOTO RELEASE:**
I understand that photographs, video and/or digital images (hereinafter "images") may be taken of participants taking part in various activities while at Highlands. I understand that no names or personal contact information will accompany any images. I understand that these images may be used in web-site photo albums and other promotional materials and/or publications. I acknowledge below that I do consent to such images being taken and do not request compensation for their use.

_____**(Parent/Legal Guardian/Adult Participant please initial)**

**TRANSPORTATION RELEASE:**

I give permission for the participant named above to be transported by Highlands' staff/volunteers in approved vehicles on and off premises for program activities and medical care.

_____**(Parent/Legal Guardian/Adult Participant please initial)**

**MEDICAL INFORMATION:**
I am aware that having the participant take part in any physical activity may be dangerous. Because of the inherent dangers of taking part in such activities, the participant recognizes the importance of following directions of the counselor/ facilitator/ instructor and agrees to obey such counselors/facilitators/instructors to the best of their ability. So that a counselor/facilitator/ instructor may be properly informed, I fully disclose the following medical information. **(If "nothing," please so indicate).**

The participant is currently under a doctor's care for, or has an existing health condition, which may impact participation in the following ways:

_____

_____

The participant is currently taking the following medication:

_____

_____

The participant is allergic to the following medication, food, or allergen:

_____

_____

The participant has the following special dietary needs. If participant is a vegetarian, please indicate type (Lacto-ovo, vegan, etc.)

_____

_____

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In case of an emergency, we will call 911. It takes at least 10 minutes for an ambulance to reach Highlands. Highlands has several trained First Responders on staff and at least one of them should be available to help with your emergent health needs. Our facility has an AED and portable oxygen on site. Adult participants manage their own medication, please bring what you anticipate needing. There is a clinic, hospital and pharmacy available to you in Estes Park, 17 miles/30 minutes from Highlands.

*For Adult Participants: My most current tetanus booster was given on* _____.
*(Date)*

**RELEASE OF LIABILITY:**
I understand that parts of the Highlands Presbyterian Camp and Retreat Center's program may be physically and/or emotionally demanding. I affirm that the participant is in good health, and not under a physician's care for any undisclosed condition that bears upon their fitness to participate in activities including, but not limited to, the Challenge Course, rock climbing, hiking, aquatic activities, and archery. I understand that each participant must assume the risk of physical injury that could result from any such activity. I hereby consent to first aid and/or emergency medical care for treatment of injuries that the participant may sustain while taking part in any activity associated with Highlands Presbyterian Camp and Retreat Center. I understand that by signing this, I hereby release Highlands Presbyterian Camp and Retreat Center, its owner and employees, and all individuals assisting in the instruction and conduct of the Highlands Presbyterian Camp & Retreat Center activities from any and all liability. I have carefully read this Release of Liability and fully understand its content.

I hereby give my permission to the medical personnel selected by Highlands Camp and Retreat Center to order x-rays, routine tests, and treatment. In the event I cannot make that decision in an emergency, I hereby give permission to the physician selected by Highlands' staff to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery. This form may be photocopied for use out of camp and information on it will be shared with camp staff on a "need to know" basis.

_____ Date: _____
Adult Participant's Signature:

OR

_____ Date: _____
Parent/ Legal Guardian's Signature (if participant is under 18)