

Medical Release Form for Campers

No child is allowed to take his/her own medication!

(In an emergency the nurse must know what the child has taken) No prescription medication will be administered without the parent's written authorization and a physician statement. The prescription must be properly labeled by a pharmacist and delivered to camp staff upon checking into camp. If the camper is to take an over the counter medication, it must be properly labeled with the child's name and written instructions on it. The authorization page must be filled out. All medications kept at camp will be stored in a secure area accessible only to authorized administering personnel. Because of the possibility of reaction, new medications should not be started at camp.

Child's Name _____

Date of Birth _____

Emergency contact names/number(s):

Physician Name _____

Physician Phone _____

Insurance Name _____

Policy Holder's Name _____

Policy Number _____

Group Number _____

*** A photocopy of the insurance card must accompany this form. Does your child have: A medical alert condition

Food, Insect or other allergies _____

A need for daily medication _____

If in the judgment of a doctor or registered nurse it would be helpful to Your child to take any of these medications, do we have permission to dispense?

Please circle each item permitted:

Aspirin, Antihistamine, Antidiarrheal, Throat Lozenges, Aspirin substitute, Cough Medicine Decongestant, Other _____

Please Scan and email this form to or bring it to camp and submit it at drop off. You must have this form submitted before attending camp.

Parental Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

THE EVENT: STRONGHOLD CAMP AT THE MACHEN RETREAT AND CONFERENCE CENTER SPONSORED BY THE ROC OF THE PMA ON July 31st - August 5th 2023

In consideration of my minor child (the minor) being permitted to participate in any way in the EVENT, I agree:

1. I know the nature of the EVENT and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the EVENT. I approve of the premises, facilities, and equipment to be used, or with which the Minor may come in contact and the transportation plans.
2. I FULLY UNDERSTAND and will instruct the Minor that (a) THE ACTIVITIES OF THE EVENTS ARE POTENTIALLY DANGEROUS and participation in the Event involves RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the Minor's own actions, or inactions, the actions or inactions of other participating in the Event, the rules of the Event, the condition and the layout of the premises and equipment, or THE NEGLIGENCE OF THE "RELEASEES" NAMED ABOVE; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risks COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE MINOR'S FUTURE.
3. I consent to the Minor's participation in the Events and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVENT IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED ABOVE.

Initial _____

4. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the promoters, participants, instructors, owners of any vehicle used for transportation, drivers of any transportation used, the Orthodox Presbyterian Church, its office holders, employees, or agents, property owners or lessees of any real or personal property used in the event, consultants and other persons or entities who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the Events and each of them, their directors, officers, agents and employees (all of the above parties for the purposes herein referred to as "Releasees") FROM ALL LIABILITY TO ME, THE MINOR, my and my minor's personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY TO ME OR THE MINOR, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE. If, despite this release, I, the Minor, or anyone on the Minor's behalf, makes a claim against any of the "Releasees". named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from ANY LITIGATION EXPENSES, ATTORNEY'S FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

5. I sign this agreement on my own behalf and on behalf of the Minor

I HAVE READ THIS PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND I UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS AND/OR THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' FAULT, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

DATE

NAME(S) AND AGE(S) OF MINOR PARTICIPANT(S)

Stronghold 2023- Permission to use Photograph Form
Subject: Stronghold at Camp Machen, 2023

I grant Stronghold Foam Sword Fighting Ministry and Camp Machen, its representatives and employees the right to take photographs/film video of me and my property in connection with the above identified subject. I authorize Stronghold/ Camp Machen, its assigns and transferees to copyright, use and publish the same in print and/ or electronically. I agree that Stronghold/ Camp Machen may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read, understood, and agree to the above:

Camper Signature: _____

Camper Printed Name: _____

Address: _____

Date: _____

Signature, Parent/Guardian: _____

Parent/Guardians Printed Name: _____