

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

THE EVENT: STRONGHOLD OVERNIGHT CAMP SPONSORED BY THE ROC OF THE PMA ON July 27th
- August 2nd, 2025. The Event includes various physical activities and instruction

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

1. I know the nature of the Event and the participant's experience and capabilities, and believe the minor to be qualified to participate in the EVENT.
2. Release and Waiver. Participant does hereby release and forever discharge and hold harmless the promoters, participants, instructors, counselors, the Orthodox Presbyterian Church, the Presbytery of the Mid-Atlantic, Machen Retreat & Conference Center, and its officers, directors, agents, employees, successors and assigns from any and all liability, claims, and demands of whatever kind and nature, either in law or in equity, which arise or may hereafter arise from Participant's activities with and at The Machen Stronghold Camp. Participant understands that this Release discharges the above named from any liability or claim that the Participant may have against them with respect to all damages including, but not limited to, any bodily injury, personal injury, illness, death, or property damage, that may result from Participant's activities with or at Machen Stronghold Camp, whether caused by the negligence of the staff or its officers, directors, employees, or agents or otherwise. Participant also understands that the promoters, participants, instructors, counselors, the Orthodox Presbyterian Church, the Presbytery of the Mid-Atlantic, Machen Retreat & Conference Center, or any staff does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
3. Medical Treatment. In the event of injury or illness while participating in the activities conducted at the Event, the undersigned hereby consents to medical treatment on behalf of the Participant as deemed necessary. The undersigned hereby authorizes Machen Retreat Center and volunteer Stronghold Camp staff, into whose care the minor has been entrusted, to consent to the advice of trained emergency personnel. The undersigned understands and agrees that the Participant shall be responsible for obtaining her or her own health insurance coverage and that the Participant will be responsible for any medical expenses arising out of any injury or claim arising out of participation in any activity on or at the Corporation's premises.
4. Assumption of the Risk. The Participant understands that the activities may include motor vehicle accidents, injury from falls, drowning, exposure to inclement weather, exposure to cold water, injury from animal or insect bites, cuts and abrasions from normally occurring elements, and other risks that may not be foreseeable. Participant hereby expressly and specifically assumes the risk of injury or harm in the activities and release the promoters, participants, instructors, counselors, the Orthodox Presbyterian Church, the Presbytery of the Mid-Atlantic, Machen Retreat & Conference Center, and all volunteer staff from all liability for injury, illness, death, or property damage resulting from the activities.
5. Indemnification and Hold Harmless: The undersigned also hereby agree to INDEMNIFY, DEFEND AND HOLD HARMLESS the promoters, participants, instructors, counselors, the Orthodox

Presbyterian Church, the Presbytery of the Mid-Atlantic, Machen Retreat & Conference Center,
and

volunteer staff from any and all claims, actions, suits, procedures, costs, expenses, damages 6.
and other liabilities including, but not limited to, attorney's fees and costs, arising from, or in any
way related to, Participant's participation in the activities conducted on or at the Corporation's
premises, whether asserted by the undersigned, the participant, or another person. 7.

Photographic Release. Participant does hereby grant and convey unto the promoters, participants,
instructors, counselors, the Orthodox Presbyterian Church, the Presbytery of the Mid-Atlantic,
Machen Retreat & Conference Center, all right, title, and interest in any and all photographic
images and video or audio recordings made by the Corporation during the Participant's time at
Machen Stronghold Camp, including, but not limited to, any royalties, proceeds, or other benefits
derived from such photographs or recordings.

8. 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 THE PARTICIPANT 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 PARTICIPANTS

Stronghold 2025- Permission to use Photograph Form
Subject: Stronghold at Camp Machen, 2025

I grant Stronghold Foam Sword Fighting Ministries 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: _____