

# Winter Camp

Application and Medical Release Form

February 12 - 14, 2010

\$35 per person. Deadline is Feb. 8<sup>th</sup>

Mail to: Attn: Camp, 91 Allen Ave., Portland, ME 04103

For more info. call 207-797-3760

Name/s \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

## **EMERGENCY AND LIABILITY RELEASE**

Please read carefully and sign below. It is VERY IMPORTANT that this be signed. Your application will be returned if it is NOT signed.

I release the camp, its management, and Northern New England Conference from liability in case of accident or illness and do further indemnify and hold harmless such entities and persons from such claim. In case of a medical emergency, I hereby give permission to the physician selected by the camp director or healthcare personnel to secure proper treatment and/or to hospitalize as deemed necessary. I understand that campers and staff may be photographed, video graphed, and/or interviewed for use in news media, publications, or promotionals. I consent for Camp Lawroweld to use all photographs, quotes, and recordings.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Parent or Guardian (if attendee is a minor)** \_\_\_\_\_ Date \_\_\_\_\_