

ADULT MEDICAL RELEASE FORM

This medical release form is to be filled out completely and returned with the application. In the event of an emergency, medical expenses are your responsibility. Limited insurance is carried by Camp Lutherhaven to help defray any initial medical expenses. By signing this release form, the Lutherhaven Board, Camp Director, Camp Staff, and Olympic Lutherhaven are released from any liability.

NAME: _____ BIRTHDATE: _____
EMERGENCY CONTACT PERSON:
NAME: _____ PHONE: _____
CELL: _____ WORK: _____

MEDICAL QUESTIONARE

1. Are you currently in good health? Yes No If "NO", please explain below:

2. Please list any dietary restrictions (i.e. diabetes, vegetarian, lactose intolerant, etc.):

I do hereby release and forever discharge Olympic Lutherhaven and its officers from any and all liability for injuries sustained while participating in camp activities.

Signature

Date