



CANADIAN ADVENTURE

Adult Hold Harmless, and Medical Release

TO WHOM IT MAY CONCERN:

The undersigned will be at Canadian Adventure during the week of _____, 20____. I am willingly participating in camp activities on or off the camp grounds. (Any questions regarding the activities may be directed to the camp director) I know that Canadian Adventure works very hard to ensure safe activities, however the wilderness is by definition unpredictable and at times dangerous.

If I am incapacitated I authorize an adult, in whose care I would be entrusted(implied consent) , to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the myself under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I do herewith authorize the treatment by this authority, and it is granted only after a reasonable effort has been made to reach my family.

I the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or myself pursuant to this authorization. Should it be necessary for me to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This consent and release for myself will be in effect starting _____, 20____ and continuing until _____, 20____. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for myself. My signature also serves to indicate my willingness for my Health Insurance Company: (name)

Policy No.: _____ to be billed for any and all medical fees and services should they be necessary. I hereby release Canadian Adventure & Silver Birch Ranch from this liability.

The undersigned does hereby release and agree to hold harmless Canadian Adventure and Silver Birch Ranch and their directors, employees, agents or representatives from any and all liabilities or claims for personal injury, illness or death, as well as property damage and expense of any nature whatsoever which may be incurred by myself that occur within the effective dates stated above while I am participating in the above named camp program and its activities. I give permission for Canadian Adventure or Silver Birch Ranch to use images of myself for promotional purposes. To be in compliance with HIPPA privacy regulations I authorize release of protected health information (diagnosis and treatment) to any Canadian Adventure or Silver Birch Ranch staff member in need of this information to care for my ongoing health needs while at camp.

Name of Guest _____ Date of Birth ____/____/____

My Signature ****REQUIRED**** Printed Name

EVERY GUEST MUST HAVE THIS FORM COMPLETED TO ATTEND CAMP
Please keep a copy for your records.