

Three Pines Camp Dates,

Medical & Camp Activity Release & Arbitration Form

The Undersigned, being the _____ and the person having
(Relationship to Minor)
Legal Custody of _____, a minor, born on _____.
(Name of Minor) (Date of Birth)

I hereby authorize the minor named above to participate in the youth camp at Three Pines Youth Camp. I understand the risks involved and agree to hold harmless and indemnify, Three Pines Youth Camp, Kettle Falls Youth Works, its officers and directors, employees from any and all injuries, claims, disputes, liabilities or actions resulting from this activity. I attest and verify that I understand the risks and dangers involved: that I assume such risks and that I will pay the medical and emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have such expenses.

I also authorize Kettle Falls Youth Works acting through the Camp Director or the Youth Outreach Director, or any adult thereof, into whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general supervision and upon advise of a physician and surgeon licensed under the provisions of the State Medical Practice Act.

In case of illness and or a non life threatening accident, I consent to the minor being held at the camp first aid office and notification sent to the phone number and/or address provided on this application. In case of serious sickness or accident, I consent to the minor being sent to a hospital or emergency clinic for skilled medical intervention/treatment

Signature _____ Date _____ Phone _____
(Parent or legal Guardian)

Please provide two emergency contacts other than the Parent or Guardian

Name Home Phone Work Phone

Name Home Phone Work Phone

Please attach a copy of your Insurance card or DSHS Medical coupon to this form.