

**CAMP TEJAS
GUEST MEDICAL AND RELEASE FORM**

NAME(S) AND CONTACT INFORMATION

MAIN GUEST NAME _____ DOB: _____ M or F: _____

Email: _____

ADDRESS: _____

STREET CITY STATE ZIP CODE

Please notify in case of emergency:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

All Other FAMILY MEMBERS attending the SAME RETREAT with the MAIN GUEST:

OTHER GUEST NAME: _____ Relation to Main Guest: _____ DOB: _____ M or F: _____

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MEDICAL ATTENTION

I, my child and/or my family (herein known as the "Guest") will be attending a retreat at Camp Tejas on the dates of 2/10/2012 to 2/12/2012 under the supervision of Katy YMCA (herein known as the "Sponsoring Organization"). I hereby authorize Camp Tejas and/or the Sponsoring Organization to make arrangements for or give any medical attention to the Guest, emergency or otherwise, that is deemed necessary under the circumstances by the sole discretion of Camp Tejas and/or the Sponsoring Organization. I hereby give permission to the physician selected by Camp Tejas and/or the Sponsoring Organization to hospitalize and/or secure proper treatment as the physician may deem appropriate. I further understand that medical treatment may be several minutes away in the event of a medical emergency.

RECREATIONAL ACTIVITIES

The proposed activities provided by Camp Tejas and/or the Sponsoring Organization (herein known as the "Recreational Activities") may require participation in exercises which are physically demanding. Many of the activities will challenge the Guest and cause surges in blood pressure and pulse rates. It is imperative that the Guest is free of any disease or injuries, heart related or otherwise, which might create undue risks to themselves and/or to any other participants. The recreational activities provided by Camp Tejas and /or the Sponsoring Organization may include, but are not limited to, the following list: indoor and outdoor games, boating, fishing, swimming, lake trapeze swing, lake zip line, challenge course activities, and climbing wall activities. The climbing wall activities include climbing a 50' climbing surface and zipping off a 50' climbing tower. All guests participating in the recreational activities may be exposed to the elements of nature, including temperature extremes and inclement weather.

CURRENT MEDICAL CONDITION

I certify to the best of my knowledge that the Guest is in good health, physically and mentally, and from past health examinations for the participation in recreational activities.

List any medical concerns including allergies:

ASSUMPTION OF RISK AND RELEASE

I hereby acknowledge that during the Guest's voluntary participation in Recreational Activities, that certain risks and dangers may occur due to accidents which include but are not limited to: the hazards of depending on other people, being at various heights (ground to 50'), activities in remote places without medical facilities, the forces of nature, loss or damage to personal property, physical and/or mental injury, not excluding fatality. I hereby assume all mentioned risks and those which are not specifically foreseeable, and will hold Camp Tejas, including its staff and Board of Directors, and the Sponsoring Organization harmless from any and all liability, claims and demands of every kind whatsoever, whether for bodily injury, property damage or otherwise, which may arise from or in connection with the Guest's participation in any activities arranged by Camp Tejas or the Sponsoring Organization.

SIGNATURE OF GUEST OR LEGAL GUARDIAN OF GUEST if Guest is under 18 years old

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