

Camp Thurman Adult Waiver/Release Form

Participant's Name _____ Age _____

Address _____ City _____ State _____

Home Phone _____ Work Phone _____

Emergency Cell # _____

Medical Release Form:

I, _____, am willingly participating in the Challenge Adventure Program provided by the Camp Thurman staff, and I certify am physically and mentally fit to participate in the challenge activities. I will abide by all the safety precautions and rules required by the camp staff. I give my permission to use pictures in which I am a participant to appear in camp brochures, flyers, or other promotional literature published and used by the camp.

In case of accident, injury, or illness, I grant my permission to be treated by any licensed physician or member of the camp staff, and I agree to pay for all such treatment. Further, I release Camp Thurman and its officers, directors, agents, representatives, employees, and other volunteers from any responsibility, liability, or claims (including any based upon their alleged negligence) for personal injury, damages, accident, or illness incurred by me arising from or related to my participation in any activity associated with the challenge adventure.

Participant's Signature:

Signature Date

Address _____

Phone Number _____

Emergency Contact _____ Phone _____

List any known health problems that require treatment or restrictions:

