

# FUGE Release Form

Group Leaders: Bring **ONE notarized copy** of this document to registration and keep a **photocopy** for yourself to have with you in case of emergency at camp. **Attach a photocopy of insurance card.**



## Camper's Info:

Participant Name \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed (campers only): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
In case of an emergency notify: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Phone Numbers-Home:(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ Mobile:(\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_) \_\_\_\_\_

## Church Information:

FUGE Venue: \_\_\_\_\_ Name of Church: \_\_\_\_\_  
Group Leader: \_\_\_\_\_ Group Leader's cell # at Camp: (\_\_\_\_) \_\_\_\_\_  
Church Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Medical Profile

Generally, the participant's Health is: (Check One)  Excellent  Good  Fair  Poor

If Fair or Poor, please explain the condition: \_\_\_\_\_

List any medical difficulties which are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems & explain:  Asthma  Sinusitis  Bronchitis  Kidney Trouble  Heart Trouble  
 Diabetes  Dizziness  Stomach Upset  Hay Fever \_\_\_\_\_

List any any medicines or substances to which you are allergic: \_\_\_\_\_

List any previous operations or serious illnesses \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Childhood Diseases:  Chickenpox  Measles  Mumps  Whooping Cough  Other: \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_ Employment: \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

## Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the FUGE Camp Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

Assumption of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Recreation- The recreation programs at summer event venues strive to offer fun, safe, and challenging activities that engage the whole person—body, mind and soul. Program staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball, equestrian activities and aquatics, (not available at every FUGE venue). You could experience any of the following - elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, travelling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. For more detailed information about the recreation programs offered at summer event locations, go to [www.FUGECamps.com](http://www.FUGECamps.com) and follow the specific link to the camp venue's Group Leader Information.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining portions shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/arbitration organization for binding resolution.

Copy to Camp Venue. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp venue.

## Complete and sign below (participants who are minors per your state statute require Parent/Legal Guardian signature).

Participant's Signature (only if 18 yrs of age or older): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary Acknowledgement: State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_

before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_



# Glorieta Participation Agreement

Each camper and adult sponsor coming to camp must go to the appropriate link provided below according to the week of camp attending and complete and submit the form. This signed form acknowledges that you understand and agree to the risks of participating in activities at camp.

Go to the link for the week you are attending camp:

**JULY 27-1:** <https://waiver.campeagle.camp/event/0060Z00000WjGXL/selection>



# Health History Form

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp.

Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Age at camp: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Permanent

Address: \_\_\_\_\_

*Number and Street*

*City*

*State*

*Zip*

Address during camp (if different from above): Phone: (\_\_\_\_\_) \_\_\_\_\_

*Number and Street*

*City*

*State*

*Zip*

**EMERGENCY CONTACT:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Home address: \_\_\_\_\_

*Number and Street*

*City*

*State*

*Zip*

**IF NOT AVAILABLE, NOTIFY:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Home address: \_\_\_\_\_

*Number and Street*

*City*

*State*

*Zip*

**Medical Insurance:** \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

➔ **Photocopy of front and back of insurance card MUST be attached to this form**

## MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person **takes NO medications** on a routine basis.

This person **takes medications** as follows:

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Time to be given (circle):** Breakfast Lunch Dinner Bedtime As Needed

Reason for taking: \_\_\_\_\_

Medication #2: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Time to be given (circle):** Breakfast Lunch Dinner Bedtime As Needed

Reason for taking: \_\_\_\_\_

Medication #3: \_\_\_\_\_ Dosage: \_\_\_\_\_  
**Time to be given (circle):** Breakfast Lunch Dinner Bedtime As Needed  
 Reason for taking: \_\_\_\_\_

Medication #4: \_\_\_\_\_ Dosage: \_\_\_\_\_  
**Time to be given (circle):** Breakfast Lunch Dinner Bedtime As Needed  
 Reason for taking: \_\_\_\_\_

**\*Attach additional pages for more medications.**

**Name:** \_\_\_\_\_

Please list **ALL ALLERGIES:**

What happens when he/she comes in contact with the allergens? What type of care was provided?

For the following: *Explain "yes" answers in the space below by giving dates and events surrounding the incident*

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur or other heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had joint problems (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have any skin problems (e.g., itching, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have problems sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	23. If female, have an abnormal menstrual cycle?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever had emotional or psychiatric difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have any dietary modifications?	<input type="checkbox"/>	<input type="checkbox"/>
14. Any specific activities to be encouraged or limited by physician's advice?	<input type="checkbox"/>	<input type="checkbox"/>	28. Any other pertinent info not listed here?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain ALL marked answers: \_\_\_\_\_

---



---



---



---



---



---

**Emergency authorization:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me as named above. I also understand that I will be held financially responsible for all medical expenses incurred. This form may be photocopied for use out of camp.

**Signature of Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

**Signature of Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_