



Stronghold Camp & Retreat Center ILWIA Middle School Retreat

Assumption of Risk and Waiver of All Liability

Medical Statement

I recognize that some program activities can be a strenuous endeavor requiring my child to be in good physical condition. I am listing below those conditions my child has that could negatively affect my child's participation in the program activities.

Allergies and Medications currently taking:

I understand that an inhaler for exercise induced asthma, an Epi-pen for severe insect allergies or any other medication needed for chronic medical conditions should be carried at all times during my child's stay at Stronghold and that it is my (the parent) responsibility to provide this medication. I acknowledge that my child's participation in the activities of the ILWIA I accept the dangers that are open, obvious and necessary to these activities.

I agree to hold Stronghold Camp & Retreat Center and the Presbytery of Blackhawk, its sponsors, agents, employees, representatives, contractors and suppliers harmless for any and all damages which my child might sustain and suffer in connection with my child's participation in Stronghold programs.

This FORM is correct so far as I know and by registering my child, I hereby give permission for him/her to fully participate in all activities unless I attach a separate page to this application which prohibits my child from participating in a specified activity.

I hereby give permission for pictures and video of my child to be taken and used in future publicity materials.

I hereby give permission to provide or arrange necessary emergency care related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Stronghold staff to secure and administer treatment, including hospitalization, for my child. I accept full responsibility for the cost of any treatment for any injury suffered while participating in the Stronghold ILWIA retreat.

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could negatively affect my child's participation in program activities and that the information on this form is complete and accurate.

IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, PARENT SIGNATURE IS REQUIRED.

Participants name Birthday Date

Parent or legal guardian signature Date