

Please Complete:

Last Name _____
 First Name _____

Camp: Mother/Daughter Ranch Camp

Men's Flyfishing Weekend

Couples' Horse Camp

Adult Whitewater Weekend

Fall Deer Hunt

Guest Group (Name) _____

Personal Information					
Camper's Last Name (Printed)			Camper's First Name (Printed)		M.I.
Street Address			Date of Birth (Month, Day, Year)		Age
City			State	Zip	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
			Height	Weight (lbs.)	

Health History

Check if these apply to you. If necessary, attach an additional page to describe health history in detail.

<p>Allergies:</p> <input type="checkbox"/> No known drug allergy <input type="checkbox"/> Aspirin <input type="checkbox"/> Penicillin <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Nuts—List: _____ _____ <input type="checkbox"/> Bee/Wasp <input type="checkbox"/> List other medication allergies _____ _____ <input type="checkbox"/> Food Allergies (List, describe) _____ _____ _____ Date of last tetanus booster: _____	<p>Reaction to Allergen:</p> <input type="checkbox"/> Rash <input type="checkbox"/> Local Swelling <input type="checkbox"/> Breathing Problem <input type="checkbox"/> Anaphylactic Collapse <input type="checkbox"/> Other _____ _____	<p>Conditions:</p> <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> ADD or ADHD <input type="checkbox"/> Seizures <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Counseling or therapy—Describe (e.g., depression, grief, eating disorder etc.) _____ <input type="checkbox"/> Other conditions/Special health needs/Physical limitations: _____ <input type="checkbox"/> Behavior—Describe (e.g., sleepwalking, night terrors, etc.) _____ <input type="checkbox"/> List operations or injuries (include dates) _____ <input type="checkbox"/> Recent exposure to contagious/infectious diseases: _____	<p>List current Medications: (Dosages not necessary.) Medications must be brought to camp in original prescription container.</p> _____ _____ _____
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Insurance Information

In the event of illness, campers are completely responsible for any necessary treatment costs incurred. In case of accident or injury, Kidder Creek holds limited secondary coverage status. Our insurance begins where yours ends. Please attach a copy of both sides of your insurance card or complete the information below. A copy of your card is preferred as it expedites our access to the most cost effective medical services when needed. Please mark "none" if you not covered by health insurance. None

Carrier or plan name	Carrier address	Policy holder ID#	Name of policy holder
Group policy number		Carrier telephone number	Relationship to camper

Emergency Contact Information

Next of Kin name		Next of Kin home phone		Next of Kin work phone		Next of kin cell/pager	
Family physician name			Family physician phone				
Emergency contact name (if Next of Kin cannot be reached)			Emergency contact phone			Relationship to camper	

I hereby certify that the above health record is, as of this date, accurate and complete.

 Signature Date

continued on back page

LIABILITY RELEASE (Adult) – Please read carefully

I. Limited Purpose Power of Attorney: Consent to Treatment

- A. By signature below, the undersigned appoints the Camp Director or Nurse each to act alone, or delegate to another person, the power to consent on our behalf to all emergency treatment and/or medical care (except elective surgery) determined necessary or desirable by the attending physician at the hospital.
- B. This Power of Attorney shall continue until revoked by the undersigned, or until December 31, 2010, whichever is earlier. Physician's or the hospital's medical staff may assume and rely on this authorization being current and in effect during such period unless notified otherwise.
- C. The undersigned certify that they have read this Power of Attorney (or had it read to them), that they understand this Power of Attorney, and sign it voluntarily.

II. Photo Release & Follow Up

By signature below, I certify that photographs or videotape pictures of me participating in Kidder Creek Orchard Camps programs may be reproduced and utilized by Kidder Creek/Mount Hermon in promotional materials for the camp. I certify that for purposes of following up on my camp experience, Kidder Creek may release my name to a church or other youth organization.

III. Release and Indemnity Agreement for Kidder Creek Orchard Camps Camp Participants

By signature below, I certify the following: (1) that my participation in Kidder Creek Orchard Camps' activities and programs is completely voluntary, and (2) that I have familiarized myself with the Kidder Creek activities and programs in which I will be participating. I further recognize the importance of knowing and abiding by Kidder Creek rules, regulations and procedures for the safety of camp participants.

I recognize that certain hazards and dangers are inherent in camping and sporting events and in the activities and programs conducted by Kidder Creek, including, more specifically, but not limited to, swimming, diving, zipline, ropes course, whitewater rafting, rock climbing, paintball, and horsemanship. I acknowledge that although Kidder Creek has taken safety measures to minimize the risk of injury to camp participants, Kidder Creek/Mount Hermon cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. Moreover, I understand that participation in any such activities may involve the risk of injury and loss, both to person and to property, and that the risks may include the possibility of permanent disability or death, I assume all such risks connected with my participation in Kidder Creek activities and programs.

I understand that in the unlikely event of a serious illness or injury, reasonable effort will be made to notify the contact or contacts provided by me at the earliest possible time without jeopardizing my care.

In consideration of Kidder Creek's accepting and permitting me to attend camp and participate in camp activities and programs, I release Kidder Creek and its trustees, officers, employees, agents, and volunteers from any and all liability (excluding liability for intentional or reckless misconduct) for, and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my participation in Kidder Creek activities and programs, whether or not caused in whole or in part by the negligence or other misconduct of Kidder Creek, its trustees, officers, employees, agents and volunteers. I further agree to indemnify and hold harmless (in other words, to reimburse and to be responsible for) Kidder Creek, its trustees, officers, employees, agents and volunteer for and from any and all claims for any liability, injury, loss, damage, or expense, including attorneys' fees (including the cost of defending any claim I might make or that might be made on my behalf, that is released and waived by this instrument), in any way connected with or arising out of my participation in Kidder Creek activities and programs, whether or not caused in whole or in part by the negligence or other misconduct of Kidder Creek, its trustees, officers, employees, agents, or volunteers.

I represent that I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understand the terms of this agreement.

Date: Month _____ Day _____, 2010

Participant Signature _____

DO NOT FAX

Mail to: Kidder Creek Camps
PO Box 208
Greenview, CA 96037-0208