

Adult Medical Release & Waiver

(Please read, sign, and date this contract)

Name of Adult (Print): _____

School Name: _____

Date of Camp (MM/DD/YY): _____ - _____

I realize that people at camp can injure themselves accidentally, without any fault on the part of Old Oak Ranch Gold Camp personnel. My representatives and I agree to indemnify and hold harmless Old Oak Ranch Gold Camp, its officers, agents and employees from and against every expense, including attorney's fees, liability, or payment by reason of any damages or injury to person (including death) or property (including loss of use or theft thereof) arising out of or in connection with this camp program, including use of contracted camp properties, facilities, equipment or vendors. In the case of any dispute between me and Old Oak Ranch Gold Camp – I agree to a binding arbitration hearing by a panel of one. I understand that insurance is the responsibility of each camp attendee and is not provided by Old Oak Ranch Gold Camp. In the event of an emergency, I give my permission to Old Oak Ranch Gold Camp and/or attending medical service personnel or physician to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for me. I understand that all expenses for services rendered will be billed to me or my insurance.

I understand that all camp staff and school representatives will make every effort to treat me fairly, offering clear direction and appropriate discipline according to the printed guidelines of the camp and standard practices of the school. In the unlikely event I refuse to conform to the standards of conduct expected of all students and staff while at camp, or if I pose a threat to the safety of myself or others, I agree, at the request of the school coordinator or camp management, to immediately vacate the camp premises at my own expense with all of my personal belongings and I understand there will be no refund of any camp fees paid.

Name of Adult (Signed): _____

Address: _____

City: _____

Day Phone: (____) _____ **Eve. Phone: (____) _____**

EMERGENCY CONTACT

Name: _____ **Phone: (____) _____**

Medications: (Please include name of medication, dosage & use)

I give Old Oak Ranch Gold Camp my permission to use any quotes and still or moving pictures of me taken during camp to be used in print or electronic form for promotional purposes. I understand that Old Oak Ranch Gold Camp will do everything in its power to protect my identity in all promotional uses.

Additional Information, Activity Restrictions at Camp & Reason noted on reverse side of this form