



Medical Release & Liability Form **(for those under 18, have your parents read this)**

Functions of activities:

I understand that participating in programs, recreation, and other activities of the 2017 Urshlem Summer camp at DS-WA Diocesan Center (presented by DS-WA MGOCSM) is a privilege. Prior to my participation of such activities, I understand that there are certain risk associated with these activities, including, by way of example, physical injuries due to activity-related accidents, and physical injuries due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risk inherent in these activities that I might not be presently aware of.

Release of Liability:

By signing this Medical and Liability Release Form, I expressly warrant that this child or I, if I am a participant, am capable of withstanding the mental and physical demands of these activities. I also expressly assume all the risk to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and campsite, and its clergy, leaders, employees, volunteers and its agents from any claim that my child may have or I may have against them as a result of any injury or illness incurred during the course of participating in these activities.

First Aid and Emergency Medical Treatment

I recognize that there might be occasion where the child named below, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health conditions or injury, I do hereby give permission of agents of the church to seek and secure any needed medical attention or treatment for the child above or me, if I am the participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and cost arising of such action in obtaining medical treatment, I understand that every effort will be made to contact me if my child needs medical treatment. If it is impossible to do so, I give my permission to a physician selected by my church's camp to secure proper medical or dental treatment, to hospitalize, order injections, anesthetizes, perform x-rays, or perform surgery for my child.

[Click here to enter text.](#)

Print Name

Signature (Parent/Legal Guardian if under 18)

[Click here to enter text.](#)

Date

Important Directions

Please scan or take a picture of this form with your parent's/legal guardian's signature and send it to urshlemsummercamp@gmail.com. Thank you.