

High Risk Activity Liability Release and Medical Consent



Name of Camper (Please Print Clearly)

I am in favor of my child participating in all activities selected below unless otherwise specified.

(√ Select activities permitted)

- | | |
|--|--|
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Water Slides |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Water-Sports |
| <input type="checkbox"/> Other Team Sports | <input type="checkbox"/> Obstacle Course |
| <input type="checkbox"/> Playground Activities | |

- I understand the activities listed above are HIGH RISK activities. As the legal guardian, I accept the conditions stated, including the release of the Chesapeake Conference, Baltimore White Marsh Adventist School Summer Enrichment Camp management, the State of Maryland from liability in case of accident and/or illness. I support, and the applicant agrees to abide by all camp regulations and policies.
- I understand that my child may be photographed or recorded on video, and I release all rights for publication and advertisement.

In case of emergency, I give permission to the physician selected by the Camp Director to hospitalize, order injections, anesthesia, routine tests, treatment or surgery for my child. I release any records necessary for insurance purposes. I give permission to Baltimore White Marsh Adventist School Summer Enrichment Camp to provide the necessary related transportation. I also give permission for the First Aid personnel/Camp Nurse selected by the Camp Director to administer any OVER THE COUNTER medications or any routine/emergency treatment.

The completed forms may be photocopied for trips out of camp.

Parent or Legal Guardian (Please Print Clearly)

Signature

Date