

TWIN LAKES 4-H ADULT CAMPER HEALTH CERTIFICATE - 2007

(This form to stay with Nurse during camp period).

Name _____ Age _____

Address _____ Phone _____

Emergency Contact Name _____ Phone _____

Relationship to Camper _____

Doctor's Name _____ Phone _____

CAMPERS HEALTH CERTIFICATE

<u>Note: If you answer yes to any of the six Items please explain.</u>	<u>Yes</u>	<u>No</u>
Have you had any recent exposure to communicable disease?		
Do you have any contagious skin disease		
Any Allergies: bee stings, medication, food, other		
Do you have a hernia, rupture or recurring disease such as rheumatic fever?		
Any chronic conditions: asthma, epilepsy, diabetes, other?		
Are you currently taking any medication? **		

Explanation if Yes to any of above: _____

** If you want to keep your medication with you, please provide written doctor's orders indicating such.

Any other health concerns we should be aware of? _____

Date of last Tetanus Immunization: _____

In the event of a medical emergency: camp coordinator will call 911 and then the emergency contact.

In the event that I am unconscious or unable to make decisions for myself, I authorize medical, surgical, diagnostic and hospital procedures as they may be performed or prescribed by a treating physician.

Signature _____

Twin Lakes 4-H Camp

Adult Registration and Waiver/Release Form-2007

Name _____ Phone _____

Address _____

Emergency Contact Name _____ Phone _____

Relationship to Camper _____

Have you attended twin lakes 4-H camp before? _____ If yes, how many years? _____

Do you need any accommodations for a disability? _____ If yes, please specify _____

Informed Acknowledgement of Hazards and Risks Connected with Participation at: Twin Lakes 4-H Camp

WARNING

Participation in the Twin Lakes 4-H Camp Program may involve the possibility of injury or death to you or others. Such injury includes but is not limited to: Bee Stings, Falls, Falling Items, Drowning, Burns, Blisters, Insect Bites.

Any injury can impair your physical or mental health. This could affect your future, including the ability to make a living, engage in business, participate in social and recreational activities, and to enjoy life. The purpose of this WARNING is to tell you about the dangers associated with your voluntary participation in the Twin Lakes 4-H Camp Program.

This WARNING does not list everything. You must learn about the potential risks and ask questions so you will make the appropriate, informed decision. If you decide to participate in these activities, you must take responsibility for learning as much as possible about these activities and how to keep safe. You must inform those adults of any personal relevant medical conditions and obtain the permission of any relevant personal advisors, including your physician or counselor/therapist, before you choose to come to Twin Lakes 4-H Camp. You are not required to participate in these activities. Therefore, should you choose to participate, you are required to take a very active role in your safety. You are instructed not to participate in anything you do not regard as safe.

Acknowledgement of Hazards and Risks

I want to participate in the Twin Lakes 4-H Camp Program. By signing this document, I understand and promise:

- I understand my personal belongings are my own responsibility.
- I agree to follow all event rules and regulations.
- **I agree to not use illegal drugs, alcohol or tobacco while involved in this event.**
- I agree that any costs incurred for such emergency medical care will be my responsibility.
- I agree that as consideration for allowing me to participate in camp, I will not hold Washington State University or any part of it nor the State of Washington, or any of its officers, employees, agents or accompanying 4-H
- Volunteers for what happens to me at camp. I accept full responsibility for any injuries that may occur as a result
- of my participation in camp.
- I have read and understand this document, have considered it carefully, and agree to it.
- I have had a chance to ask questions and seek advice.
- I have informed 4-H supervisors of any relevant physical/mental conditions.
- I am age 18 or over.
- I voluntarily choose to participate in 4-H camp.

Participant's Signature _____

Date _____