

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As parent or legal guardian of _____, I hereby give permission for my child to participate in Advanced Rock Climbing Camp organized and run by International Rock Climbing School, Inc., I recognize that hiking, backpacking, climbing, swimming and traveling on a van have inherent risks involved. I agree to waive all claims of liability, loss, cost, damage and personal injury, including total disability, paralysis and death, which may occur while under instruction, supervision, or control of International Rock Climbing School, Inc., owing to circumstances beyond our control. I hereby testify to my child's sound health of mind and body and I authorize International Rock Climbing School, Inc. to seek medical treatment at the nearest facility in case of emergency. I give my permission to International Rock Climbing School, Inc. to use any pictures of my child taken during camp for future advertising.

I have read and understand all the above and agree to abide by the policies listed.

Signature of Parent or Legal Guardian _____ Date: ____/____/____

CAMPER HEALTH INFORMATION

Camper name: _____ Date of birth: ____/____/____

Date of last tetanus booster: ____/____/____ Are child's immunizations up to date? ____

Dietary restrictions: ___ No ___ Yes (explain)

Activity restrictions: ___ No ___ Yes (explain)

Allergic reaction to medications, bee stings, or foods: ___ No ___ Yes (explain)

Other allergies: ___ No ___ Yes (explain)

Heart/respiratory problems: ___ No ___ Yes (explain)

Asthma: ___ No ___ Yes (explain)

Epileptic or other seizures: ___ No ___ Yes (explain)

HEALTH AND EMERGENCY INFORMATION

Child's name: _____ F _____ M _____ Age: _____

Address: _____

City: _____ State: _____

Zip: _____

Birth date: _____

Mother's name _____ Phone H _____ W _____

Father's name _____ Phone H _____ W _____

Name of emergency contact _____ Phone _____

Will your child be taking any medications while at camp? _____ No _____ Yes

Is your child capable of self-medicating? _____ No _____ Yes

Allergic reaction to medications, bee stings, or foods? _____ No _____ Yes (explain)

Does your child carry an allergy kit? _____ No _____ Yes (explain) _____

In case of emergency, please contact (2 people other than parents):

1) _____
name phone relationship

2) _____
name phone relationship

Personal physician _____ Phone _____

Address: _____

Health Insurance Company: _____ Policy number: _____

Other medical conditions including diabetes, psychiatric treatment, recent surgery or major illness: _____ No _____ Yes (explain) _____

Is the child presently taking any medications? _____ No _____ Yes (list)

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Please provide us with other important information. _____

AUTHORIZATION TO ADMINISTER MEDICATION

“I hereby authorize staff members at Advanced Rock Climbing Camp to administer _____ at _____ to _____ for _____”
(name of medication) (time of medication) (child’s name) (length of time)

Signature of parent or guardian _____

“I agree not to hold Advanced Rock Climbing Camp or any of its employees liable for giving/not giving the above medication.”

Signature of Parent or Legal Guardian

PHYSICIAN’S STATEMENT

“I have examined the above child. In my opinion, the child’s condition does not preclude his/her participation in an active camp program.”

Physician’s signature

Date of form completion ____/____/____

Date of child’s last exam ____/____/____