

# Eagle Wing Camp

*A Ministry of San Craig Ministries*

1606 Lehman • Houston, Texas 77018

713-957-8069

## Student Release Form

(front and back)

Please Print the Following Information Neatly:

Check One: Male  Female .

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ .

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_ .

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ .

Phone (H) \_\_\_\_\_ Phone (W) ( \_\_\_\_\_ ) E-mail \_\_\_\_\_ .

Social Security No. \_\_\_\_\_ (most hospitals require this number)

Parent/Guardian \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ )

Name of Church or Group with whom you are attending (include city) \_\_\_\_\_ .

### Medical Information

Are you presently taking any medications? (Check One) \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list all medications; dosages, and times for each dose below.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time for each dose \_\_\_\_\_ .

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time for each dose \_\_\_\_\_ .

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time for each dose \_\_\_\_\_ .

Please include any further list on an additional sheet (include name and church/group name on sheet).

State law requires all medications to be placed in the campus Health Center. Please bring all medications in a zip-lock bag labeled with name, medicine, and church/group name.

If you are allergic to any medications, please list \_\_\_\_\_ .

Family Physician \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ .

In case of emergency, please contact \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ .

Insurance Provider & Group # \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ .

I, \_\_\_\_\_ being the legal guardian of \_\_\_\_\_ give my permission to Eagle Wings Camp Conference Center's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student.

X \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ .  
Signature of Parent/Guardian Date Phone

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK  
& RELEASE OF LIABILITY FORM

EAGLE WINGS CAMP hereinafter referred to as the "Camp" requires that all attendees of the Camp a all participants of any Camp activity including, but not limited to, Challenge/Rope Course (highs and lows), Swimming Pool, Bicycle Course, Backpacking, Camping, Basketball, Football, Baseball, Softball, Volleyball, and a and all other camp and recreational sports and activities, Furthermore this from releases the Camp to photograph and/or use photographs of myself or my child for use in its publications, advertising, promotional purposes, inter and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms this Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp a to participate in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to d elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level IS AT ALL TIME COMPLETELY UP TO THE INDIVIDUAL'S CHOICE and, if there is attendance at the Camp at participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety each attendee and participant of the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity my be physically a emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp a participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury physical and/or emotional, and any financial responsibility that could result from attending Camp and participation in any Camp Activity. I agree to assume such risks and such responsibility, I, on my behalf, and on behalf of heirs and assigns, hereby release, indemnify and hold harmless Eagle Wings Camp and conference Center from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp with my participation in any and/or all Camp activities .

If you feel that there are any activities in which you or your child should not be involved in, please describe for us on attach sheet the activities (include name and church/group name on the sheet). I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

\_\_\_\_\_  
Signature of Attendee/Participant

Date \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian if Attendee/Participant is under 18 years old

Date \_\_\_\_\_.