



RELEASE & CONSENT FORM

One of these needed for EVERY person on property.
Heads of household can sign one form and list family members on the back of this form.



Camper's Name Age Gender Dates of Camp

Name of Church or Organization

Parent/Guardian of Minor OR Self Please print clearly First Name Last Name

Phone # Emergency Name and Phone Number

Mailing Address City State Zip

Consent for Medical Treatment

The undersigned do hereby authorize the Directors of Thousand Pines Camp, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for above named camper which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, at a hospital or elsewhere.

Physical Activity Release

Camp activities include, but are not limited to, hiking, swimming, mountain biking, low and high confidence course activities, dirt boarding, BB target shooting, archery and paintball adventure games. There are risks of physical injury or harm from participating in high adventure activities.

Parent/Guardian of Minor OR Self Date



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