TEL HAI
Camp & Retreat
God's Place with You in Mind

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Participant Information and Agreement Form For Camp Activities

THIS FORM MUST BE COMPLETED AND SIGNED TO PARTICIPATE IN CAMP ACTIVITIES

Group Name: _____ Event Date: _____ Group Leader: _____

Participant Name: _____ Age: _____ DOB: _____ Gender: _____ Attended Before _____

Is the Group Leader authorized to approve medical treatments? Yes _____ No _____

Do you have Health/Accident Insurance? Yes ____ No ____

Tel Hai Camp's Recreation Program integrates a variety of activities that include warm-ups, games, group initiatives, team building, low challenge elements, zip line, giant swing, climbing wall, swimming, boating, horseback riding, target sports and other activities which may be physically rigorous for the participants. The level of participation is up to each individual. Tel Hai Staff will make every effort to ensure their safety and well being. Yet there are inherent emotional and physical risks involved with the camp activities that must be assumed by each participant.

This information will be held in confidence. Each individual that will participate in any part of our recreation activities must fully complete this form prior to participation. This form should be returned to your Group Leader who is to bring all the forms to Tel Hai Camp.

While we do not require a medical information form, we do need to know if any of the following conditions are present, because the strenuousness of these activities, the height of some elements, and the use of harnesses can directly affect your health: high blood pressure, any heart conditions, seizure disorders, allergies serious enough to cause anaphylaxis, any current broken bones, strains, or sprains, kidney transplant, or current pregnancy.

List any conditions that we should be aware of related to the above conditions and/or any restrictions on physical activities that might be impacted by the recreation activities:_____

_____

_____

I affirm that I (or my/our child) am in good health and am not under any physician care for any undisclosed condition that bears upon my ability to participate in the recreation activities. Yes _____ No _____

Participation Agreement:

I acknowledge that aspects of Tel Hai Camp's Recreation Program may be physically and emotionally demanding and may result in various types of injury including, but not limited to, the following: exposure to Covid-19 and other communicable diseases, sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I absolve, release, and discharge Tel Hai Camp, its members, its staff, volunteers, and board of directors from all liability for any injury to myself (or my/our child) from participating in these activities. I hereby authorize and consent to any and all medical treatment which may be determined by a physician, other qualified medical personnel, or the directors of Tel Hai Camp to be necessary or desirable for me (or my/our child) and hereby authorize the directors of Tel Hai Camp to use their discretion to have me (or my/our child) transported to a medical facility for such treatment.

I also grant Tel Hai Camp the right to use or reproduce photographs, video, and sound recordings of the above named participant, for use in promotional materials the camp may create.

I agree that a facsimile or digital copy of this Agreement shall be as valid as the original. Copies should be clear and readable.

Date: _____ Participant's Signature: _____ Print Name: _____

Parent/Guardian Signature (if under 18 yrs old): _____ Print Name: _____

Mailing Addrress: _____ Phone # _____

Person to call in case of emergency: _____ Phone# _____