

## Parental/Guardian Consent & Medical Release

We (I), the undersigned, do hereby give permission for our (my) son/daughter, to attend and participate in all activities, including horseback riding, with **Summit Games – Spark-O-Rama** on **April 27, 2019**, at Victory Ranch. We (I) consent to an x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency care facility, whether such diagnosis or treatment is rendered at the office of the said physician or at said hospital. We (I) do herewith authorize the treatment by this authority, and it is granted only after a reasonable effort has been made to reach us (me) the parent(s) and/or guardian(s).

We (I), the undersigned, shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to our (my) son/daughter listed below pursuant to this authorization. Should it be necessary for our (my) son/daughter to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical service rendered for the named participant. Our (my) signature also serves to indicate our (my) willingness for our (my) Health Insurance Company, named below, to be billed for any and all medical fees and services should they be needed. We (I) hereby release Victory Ranch from this liability.

We (I), the undersigned, do hereby release and agree to hold harmless Victory Ranch and it's directors, employees, agents, or representatives from any and all liabilities or claims for personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by our (my) son/daughter that occur within the effective date(s) stated above and/or while said child is participating in the above named camp program and it's activities.

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of 1<sup>st</sup> Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of 1<sup>st</sup> Parent/Guardian \_\_\_\_\_

Signature of 2<sup>nd</sup> Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of 2<sup>nd</sup> Parent/Guardian \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Insurance Company Phone Number \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Doctor's Phone (\_\_\_\_) \_\_\_\_\_

List specific medical and food allergies, chronic illness and/or other conditions: \_\_\_\_\_

1<sup>st</sup> Emergency Contact \_\_\_\_\_ Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Will camper be under any medication while at camp? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\* It is required that all medications be in their original container with the prescriptions attached to the containers and the nurse, counselor, leader should be notified.