

Walla Walla Valley Camps
Liability Waiver

Emergency Treatment Authorization

In case of emergency, I hereby give permission to the physician(s) selected by the **Walla Walla Valley Camp** directors to hospitalize, to secure proper treatment for, and to order injection, anesthesia, or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions named. The health history and application information are correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this **EMERGENCY TREATMENT AUTHORIZATION** statement and give my full consent to the terms found therein. (This form may be photocopied for use out of camp.)

Parent/Guardian Signature _____

Date _____

Parents/Phone _____

Continue to next page....

Contract of Release & Assumption of Risk Agreement

Parental Notification Policy

Since all treatment of campers shall be recorded, a record of all emergency and first aid treatment by **Walla Walla Valley Camp** staff and volunteers shall be filed in the **Walla Walla Valley Camp** health and medical files. After the initial examination, the parent or legal guardian shall be notified if condition warrants it, or if camper is sent to see the Physician or to an emergency department.

Activity Disclosure and Release for Participation in Walla Walla Valley Camp Program – Upper Columbia Conference of SDA

Walla Walla Valley Camp has done everything reasonable to assure that our camp programs have been made as safe as possible. However, we wish to inform you that camp activities are not without risk.

By signing below, I acknowledge that I have read the above two statements and consent to their conditions. I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Walla Walla Valley Camp, its employees, and the Upper Columbia Conference of entities, and its parent organizations from liability in case of accident or illness. Walla Walla Valley Camp is not responsible for lost or damaged personal items, including cameras and personal recreational equipment, etc.

Parent/Guardian Signature

_____ Date _____

Release for Photography

I also agree that photographs and video of the applicant may be used for camp promotional material. Please circle one

Yes or No

Parent/Guardian Signature

_____ Date _____