



# CAMP HENRY General Release Form under 18

School/Group Name \_\_\_\_\_ / Date(s) attending Camp Henry \_\_\_\_\_

Participant Name \_\_\_\_\_ / Male or Female (circle one) Birthdate \_\_\_\_\_

Address \_\_\_\_\_ / Phone Number \_\_\_\_\_

City, St, Zip \_\_\_\_\_ / E-mail \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ / Emergency Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_ / Policy Number \_\_\_\_\_

I recognize that adventure courses/climbing can be a strenuous endeavor requiring my child/ward to be in good physical condition. I hereby certify that my child/ward does not suffer from any physical infirmities or illnesses which would affect the ability to engage in adventure activities and that if my child/ward is now under treatment for any of the following, I will circle the proper heading(s) and discuss them with the Camp Henry instructor prior to my child/ward engaging in the activities:

### Circle Appropriate Headings

- |  |                      |                         |
|--|----------------------|-------------------------|
| Cardiac or Pulmonary Condition/Disease | Migraines            | High Blood Pressure     |
| Fainting Spells                        | Diabetes             | Kidney Related Diseases |
| Hearing Loss or Impairment             | Shortness of Breath  | Learning Disabled       |
| Back or Neck Injury                    | Emotionally Impaired | Anxiety/Depression      |
| Any Orthopedic Problems                | Asthma               | Insect Allergies _____  |
| Recent Injuries                        | ADHD                 | Insomnia                |
| Other _____                            |                      | Food Allergies _____    |

- I understand that during my child's participation in this adventure course or activity my child may be exposed to psychologically and physically stressful and challenging situations. I recognize that certain hazards and dangers are inherent in camp events and programs and particularly, but not limited to: swimming, boating, low ropes, high ropes courses, team courses, tower climbing, traversing wall climbing, canoeing, fishing, hiking, night hiking and campfires.
- I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity it is impossible for the program to guarantee absolute safety. Also, I understand that my child shares responsibility for his/her safety and I have instructed my child in the importance of knowing and abiding by the camp rules, regulations and procedures for the safety of the camp participants. Further, I waive any claim that may arise against Camp Henry and/or its employees as a result of participation in the program, except for those which are the direct result of the gross negligence of Camp Henry or its employees, staff or volunteers.
- I have accepted responsibility for verifying my child's personal health and medical history on top of this sheet and my child has no physical or psychological problems that would prohibit or limit my child's participation in this program. Any medicines, prescription or non-prescription, will be dispersed by authorized school/group personnel.
- In signing this form, I give permission to Camp Henry to use photographs, videotapes, and any other media, including my child/ward to be used in camp publicity; for my child/ward to be transported for approved out-of-camp activities; for the release of medical information in case of illness; and I agree to assume all financial responsibility for any medical attention needed by my child/ward and otherwise not covered by my insurance or Medicaid coverage.
- And I/we acknowledge that there can be no absolute guarantee

of safety against risk and unforeseen injury, as detailed above, and consent to the participation of the above named participant in the adventure program. I also authorize the treatment of my child/ward by licensed medical personnel in the event of any emergency. This authority is granted only after a reasonable effort has been made to reach me.

• **CAMP HENRY EQUINE LIABILITY RELEASE:** Please read the following agreement and liability release for horseback riding and or horse related activity at Camp Henry before signing: **WARNING:** Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

As a guest at Camp Henry, I, the undersigned, recognize that Camp Henry is located in a rustic setting with natural and artificial hazards (including surface and subsurface conditions). The undersigned also understands that it is the propensity of an equine to behave in ways that may result in injury, loss, or death. Equines can act unpredictably to sounds, sudden movements, unfamiliar objects, persons, or other animals. It is also understood by the undersigned that there could be a collision with another equine, animal, person, or an object while riding on Camp Henry premises.

The undersigned will be given basic riding instruction prior to riding, yet there is a potential for the participant to act or fail to act in a manner that could contribute to injury, loss, or death. I understand that by mounting a horse and by taking the reins that the rider is in primary control of the horse. The rider's safety largely depends on his/her ability to carry out simple instructions and his/her ability to remain balanced aboard the moving equine.

I/We, the undersigned, have read and do understand and agree to the foregoing agreement, warnings, waiver, and the assumption of risk. We assume the risk of injury from the above danger, and waive liability, if any, of Camp Henry/Westminster Presbyterian Church of Grand Rapids, MI and its staff and volunteers.

\_\_\_\_\_  
Parent/Legal Guardian Signature (REQUIRED)

\_\_\_\_\_  
Participant Signature

## Rider's Medical History and Physician's Statement

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Secondary Diagnosis: \_\_\_\_\_

Height: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Seizures? Yes or No Date of Last Seizure \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

\*For the comfort and safety of the horse and rider, a 200 lb weight limitation is in effect and is variable depending upon ambulatory status, range of motion, and the discretion of the Camp Henry Riding Staff.

Please indicate if camper has any concerns, needs or surgeries in any of the following areas. If yes, please describe.

AREA	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Learning Disability			
Developmental Disability			
Emotional Impairment			
Other			

**Mobility:**    Independent    Needs Support    Crutches    Walker    Wheelchair

### Additional Information

The following conditions, if present, may present additional precautions or contraindications to horseback riding at Camp Henry. When completing this form, please note whether the condition exists and to what degree.

	Mild	Moderate	Severe	Notes?
<b>Orthopedic</b>				
Spinal Fusion				
Spinal Instability/ abnormality				
Scoliosis				
Kyphosis				
Lordosis				
Hip Subluxation or dislocation				
Osteoporosis				
Pathologic Fractures				
Coxas Arthrosis				
Heterotopic Ossification				
Osteogenesis				

Imperfecta				
Cranial Deficits				
Spinal Orthoses				
Internal Spinal Stabilization Devices				
<b>Neurologic</b>				
Hydrocephalus/shunt				
Spina Bifida				
Tethered Cord				
Chiari II Malformation				
Paralysis				
<b>Medical/Surgical</b>				
Cancer				
Poor Endurance				
Recent Surgery				
Diabetes				
Peripheral Vascular Disease				
Varicose Veins				
Hemophilia				
Hypertension				
Low muscle tone				
Serious heart conditions				
Stroke				

**ONLY FOR THOSE WITH DOWN SYNDROME:**

Cervical X-ray for Atlantoaxial Instability:  Positive     Negative    X-ray date: \_\_\_\_\_

A medical examination with special reference to neurological function  DID or  DID NOT reveal atlantoaxial instability focal neurologic disorder or any symptoms of atlantoaxial instability.

Physician's Signature: \_\_\_\_\_

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that Camp Henry will weigh the medical information provided against existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech Psychologist, etc.) in the implementing of an effective equestrian program.

Physician's Name (Print) \_\_\_\_\_  
Physician's Signature \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_