

HEALTH FORM AND LIABILITY WAIVER (Summer)

For Participants @ LOMT Sites/Events (Revised 11/2008)

CAMP _____ DATES OF CAMP SESSION _____

TO BE COMPLETED BY PARENT/GUARDIAN OF CAMPER (Please Print)

Camper's Name _____ Age _____ Date of Birth _____

Camper's Social Security Number _____ Male Female Height _____ Weight _____

Church _____ Church City/State _____

Name of Parent/Guardian _____

Home Address _____ City _____ State _____ Zip _____

Telephone (Home) _____ / _____ (Work) _____ / _____ (Cell) _____ / _____

Contact in case of an emergency (if parent or guardian cannot be reached):

Name _____ Phone #s _____

Relationship to camper _____

In order to assure the highest degree of enjoyment and to provide the fullest protection, each camper is required to present the following evidence, as well as any other evidence the camper or camper's parent/guardian deems appropriate, that his/her physical condition is such as to justify the expectancy of a healthy and safe camping experience.

1. Heart trouble, diabetes, asthma, heart palpitations, or other conditions we should be aware of: _____

2. Serious ivy, oak, or sumac poisoning reactions: _____
3. Insect sting reactions: _____
4. Reactions to Penicillin or other drugs: _____
5. Any other allergies: _____
6. Most recent immunization dates (specific): DPT/DTaP _____ Measles (MMR) _____ Hepatitis B _____
Polio (IPV) _____ Varicella _____ Date of most recent Tetanus immunization _____
7. Any restrictions to Swimming: _____ Diving: _____ Other: _____
8. Is camper under any medication or dietary regimen at this time? (prescribed or otherwise, if yes, please list) _____

9. Any limiting physical or health disabilities (temporary or permanent)? No _____ Yes _____ If yes, identify and explain: _____

Any medication brought/sent to camp must be in its original container and labeled for the individual for whom it is intended.

Please provide a copy of your Health Insurance Card in addition to the following information

FAMILY HEALTH INSURANCE COMPANY _____ Policy # _____

INSURANCE COMPANY ADDRESS _____

INSURANCE COMPANY PHONE NUMBER _____ / _____

FAMILY PHYSICIAN'S NAME _____ Telephone _____ / _____

Any financial obligation incurred will be covered by me personally or by the insurance policy listed above.

Our policy is to make every effort to contact parents only when it is necessary to take a camper to the doctor's office or a hospital. If you have any questions or concerns please talk to the camp medic during check-in.

NO CHILD ACCEPTED WITHOUT COMPLETED AND SIGNED HEALTH AND LIABILITY WAIVER.

Initials of Parent or Guardian _____ (Continued on page 2/2)

I have read and understand the Head Lice Policy for LOMT programs. My signature below certifies that my child will be thoroughly checked for head lice and/or nits by myself or a health professional within 48 hours of my child boarding the bus or arriving at camp. I understand that once my child arrives at camp, he/she will be checked for head lice and/or nits again by the camp staff (as a part of the routine health screening of all campers). If head lice and/or nits are discovered, I will be notified to pick up my child from camp that same afternoon/evening. I understand that no refunds will be issued for children unable to participate in the camp program due to lice or nits.

My child, named above on this form, has permission to take part in all camp activities, and offsite activities under proper supervision. I understand that attempts will be made to contact me if my child requires emergency medical/surgical treatment, but if it is impractical to do so and/or until I can arrive at the scene, I hereby give my permission to the physician selected to secure proper treatment, to hospitalize, to order injections, anesthesia, x-ray, surgery, or any other medical procedure deemed appropriate by such physician for my child as named above. I have the authority to sign this form for my child for the dates listed above. I acknowledge that I have reviewed the activities that will be conducted during this camp program. I further acknowledge that my child has had a physical examination performed by a medical doctor in the past 12 months and other than the conditions noted on this form, my child has no other conditions, physical or mental, that would limit his or her participation in any of the activities to be conducted during this camp program. I understand that as the parent or guardian of the child named on this form, I am in the best position to know the health and limitations of my child, and that the camp and its personnel will be relying on the information I provide in this form in determining which activities may be appropriate for my child.

I acknowledge that I have full authority and capacity to execute this indemnification on behalf of myself and my child and I agree to indemnify Lutheran Outdoors Ministry of Texas, Inc. or any affiliate thereof, as well as their officers, directors, employees, staff and other personnel, volunteers, representative, consultants, agents and advisors (collectively, the "Indemnatee") against, and to hold each Indemnatee harmless from, any and all losses, claims, damages, liabilities and related expenses (including the fees, charges and disbursements of any counsel for any Indemnatee) incurred by any Indemnatee or asserted against any Indemnatee by any third party or by me individually or in my capacity as parent or guardian of my child arising out of (a) my child's presence at camp or any camp related site, (b) my child's participation in any activity at camp or any camp related site, (c) my child being transported from one location to another during the period covered by this form, (d) medical treatment, if any, that my child may require as a result of his or her attendance at camp or any camp related site or participation in any camp related activity or (e) any actual or prospective claim, litigation, investigation or proceeding relating to any of the foregoing, whether based on contract or tort or any other theory, whether brought by a third party or by me individually or in my capacity as parent or guardian of my child, **IN ALL CASES, WHETHER OR NOT CAUSED BY OR ARISING, IN WHOLE OR IN PART, OUT OF THE COMPARATIVE, CONTRIBUTORY OR SOLE NEGLIGENCE OF THE INDEMNITEE**; provided that such indemnity shall not, as to any Indemnatee be available to the extent that such losses, claims, damages, liabilities or related expenses are determined by a court of competent jurisdiction by final and nonappealable judgment to have resulted from the gross negligence or willful misconduct of such Indemnatee.

I acknowledge that my child named on this LOMT Health Form and Liability Waiver is expected to abide by guidelines as set forth by LOMT concerning safety and Christian principles and the laws of the State of Texas and all State of Texas regulations governing youth camps. I also acknowledge and give consent to photographs or videos being taken during this event and these reproductions may be used in routine publicity for programs of LOMT.

DATE _____ SIGNATURE _____
Parent/Guardian

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