

**CAMP TA-KU-LA**  
**LIABILITY AND MEDICAL RELEASE FORM**  
**IRREVOCABLE RELEASE OF ALL CLAIMS**  
**(MUST BE COMPLETED BY EVERYONE)**

(Please Print)

INFORMATION			
Last name:	First:	Middle:	
Parent/Guardian:	Race:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Home Phone:	Cell Phone:	Work Phone:	
Emergency Contact:			Emergency Contact Phone:
Name of Group:	City of Group:	Pastor/Head Counselor on Campus:	

**READ CAREFULLY AND SIGN:** I hereby request that my child (or I being 21 years or age or older) be accepted to attend Camp Ta-Ku-La. I understand and am aware that my child (or I) will be participating daily in many physical activities and that the potential for accidents does exist. I hereby give my permission for my child (or myself) to ride in camp buses and vehicles. Furthermore, I authorize the camp to furnish food, lodging and transportation to my child (or myself.) As further consideration for the acceptance of my child (or myself) to attend Camp Ta-Ku-La, I, individually, or on behalf of my child, hereby release, discharge, indemnify and hold Camp Ta-Ku-La and the sponsoring church or organization and respective directors, officers, employees, agents and representatives (the Released Parties) from any and all liability and any and all claims or demands for loss or damage on account of injury to person or property, and any and all costs and expenses, including without limitation attorney's fees, whether caused in whole or in part by the negligence of the Released Parties or any of them, as a direct or indirect result of my child's (or my) attendance at Camp Ta-Ku-La, and I, individually, and on behalf of my child (or myself) hereby waive any and all claims and causes of action against the Released Parties or any of them, resulting directly or indirectly from my child's (or my) attendance at Camp Ta-Ku-La.

**PARENTS AUTHORIZATION TO PROVIDE NECESSARY TREATMENT:** I hereby give permission to the medical personnel selected by the camp director and/or staff to order X-rays, routine tests, treatment, to release any and all records necessary for insurance purposes, and to provide or arrange related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director and/or staff to secure and administer treatment including emergency treatment, surgery or hospitalization, for the person named above. I assume the responsibility of all medical bills and ancillary incurred expenses. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

**ACTIVITIES:** I give my child permission to participate in all activities (zip-line, climbing tower, human foosball, cage dodge ball, and archery range).

INSURANCE INFORMATION
Is camper covered by Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name: _____
Phone: _____
Primary Insured: _____
Policy #: _____
Physician's Name: _____
Phone: _____
Allergies: _____
Is camper on Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list on Medication Form)
<b>Camp Ta-Ku-La only provides supplemental insurance.</b>

NURSE'S NOTES		
IF CHILD HAS:	MAY HE/SHE TAKE	CIRCLE
Headache	Tylenol or Ibuprofen	Y / N
Stomach Ache	Pepto-Bismol	Y / N
Cut or Scratch	Neosporin Ointment	Y / N
Bug Bites	Benadryl or Cortisone Cream	Y / N
Diarrhea	Equate (Anti-diarrheal)	Y / N
Eye Irritation	Visine	Y / N
Are there any medications your child CANNOT have or take?		Y / N
List: _____		

Camp Ta-Ku-La has my permission to use photographs and videos of my child named above taken during camp for promotional purposes. No first and last names will be published without permission.

I have read and understand the foregoing terms and conditions, including without limitations the release provision, and by my signature knowingly agree to each and every term and condition as stated above.

Parent / Guardian Signature: _____	
Printed Name: _____	Date: _____