

ADULT VOLUNTARY HEALTH HISTORY FORM



DOING THE MOST GOOD™

THE SALVATION ARMY RESIDENTIAL CAMP

Staff Name: _____ Gender: M / F Date of Birth: _____ Cell: _____

Address: _____ City/State: _____ Zip: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Diet / Nutrition List dietary restrictions

Eats a regular diet Eats a regular vegetarian diet

Has special food needs or allergies (describe below)

Allergies List all allergies and reactions No known allergies

Medications (Medicines that will need to be administered at camp **must** be in original container and include staff's name, dose, and frequency. *All medications will be dispensed as directed on bottle. Any changes need a doctor's letter.*)

No medications

Restrictions List activity restrictions

I have reviewed the program and activities of the camp and feel I can participate without restrictions.

I have reviewed the program and activities of the camp and feel I can participate with the following restrictions or adaptations:

Past Medical / Surgical History / Current Medical Treatment

This health history form is **voluntary**. You are not required to complete it. Please check one of the boxes below to indicate if you have chosen to provide your health history OR if you have chosen to decline to provide your health history. Print your name, then sign and provide today's date.

- By signing and dating below, I am indicating that I am voluntarily declining to provide The Salvation Army with my health history.
- By signing and dating below, I am indicating that this health history is correct and accurately reflects the health status of the person to whom it pertains. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to my health for both health care and emergency situations. In the event I am unable to give consent to treat in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for myself. I give permission to the camp to arrange necessary related transportation for myself. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my health record from providers who treat me and these providers may talk with the program's staff about my health status. I understand that my consent is valid for **the duration of my employment**. I understand that I may revoke this consent at any time by contacting the appropriate Salvation Army representative except when action has already been taken to obtain and/or release such information. My signature on this release indicates that I have read the above, and I understand the terms and conditions.

Printed Name _____ Signature _____ Date _____

Permission/Waiver Form for The Salvation Army Residential Camps



Name _____ Gender Male / Female

Parent(s) and/or legal guardian(s) of child participant _____

Address _____
Street address City State Zip

Home Phone (____) _____ Cell Phone (____) _____ E-mail _____

Age of Child (at camp) _____ Birth Date _____ Rising Academic Grade _____

Consent to Publication by The Salvation Army (Photography, Film, Text, Audio)

- I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name (or my child's name), signature and likeness, and any portraits, pictures, photographic prints or other representations of me (or my child), or in which I (or my child) may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my (or my child's) name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me (or my child), or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my (or my child's) name or photograph to the use of any organization or person.
- I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.
- I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.
- I understand that The Salvation Army is not responsible for private individuals placing photos on Facebook or other such media.

Approved: Yes No

Printed Name of Parent/Guardian **OR** Adult Participant _____ Signature of Parent/Guardian **OR** Adult Participant _____ Date _____

Parent's Agreement

I have discussed the importance of good camper behavior with my child. I understand that the camp staff will work to help resolve any difficulties in behavior, but that irresolvable behavior problems or behavior that threatens the safety or well-being of other campers will result in a child being dismissed from camp. If my child is asked to leave camp early due to irresolvable behavior problems, it will be necessary for me to pick up my child from camp if other transportation arrangements with local Salvation Army staff cannot be made

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

Activity Responsibility Agreement

I, the undersigned, understand that there are risks and dangers inherent in participating in The Salvation Army Residential Camp. I understand that my child/ I, if I am an adult participant, may take part in activities which may include, for a time period of up to one year, transportation, swimming, boating, ropes course, field trips, indoor & outdoor games, bicycling and other activities consistent with the purposes of the unit/program. I also understand that in order to be allowed to participate in this activity and associated Activities, I must agree not to hold The Salvation Army liable for any injury or damage which my child/I may suffer while participating in any Activity or going to/from any Activity.

Knowing this, and in consideration of being permitted to voluntarily participate in any Activity, and recognizing the charitable nature of The Salvation Army, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner whatsoever out of any participation in any Activity.

- I understand and agree that I am releasing not only The Salvation Army, but also its officers, agents, and employees. I understand and agree that this waiver/release will have the effect of releasing, discharging, saving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future; whether known or unknown, and whether anticipated or unanticipated by me, whether through acts of omissions by The Salvation Army's personnel or other unrelated third parties or other participants.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said children.
- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my child/me while participating in any Activity, including but not limited to health care expenses.
- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify and hold The Salvation Army, its officers, agents or employees harmless from any and all liability or costs, including attorney's fees, associated with or arising from my child's/my participation in any Activity.
- I understand and agree that if I am signing this waiver/release on behalf of my minor child, which I will be giving up the same rights for said minor as I would be giving up if I had signed this document of my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. In signing below I acknowledge that I have read and understand the words and language in this waiver/release agreement. I understand there are potential dangers incidental to participating in any activity and going to/from any activity. I execute it voluntarily and with full knowledge of its meaning and significance. In accordance with Federal law, I understand that my consent is valid for up to one (1) year from the date of signature. My consent can be revoked at any time upon The Salvation Army's receipt of my written revocation.

Printed Name of Parent/Guardian **OR** Adult Participant _____ Signature of Parent/Guardian **OR** Adult Participant _____ Date _____

Camp per Name e: (Last)

(First)

Corps/Unit: