

KABEYUN OFF-SEASON PROGRAMS HEALTH HISTORY

Last Name _____ First Name _____ Date of Birth _____

Kabeyun requires off-season program participants to provide basic health history information in the event that they require medical assistance while at camp. Please be aware that there are no onsite medical personnel employed by Kabeyun during off-season programs and events. A separate form is required for each participant.

HEALTH HISTORY Please describe medical conditions or concerns that camp should be aware of, using additional sheets if necessary.

ALLERGIES Please list all known allergies and describe reactions and effective management, using additional sheets if necessary.

Medication: _____

Food: _____

Environmental/Other: _____

RESTRICTIONS Please identify any activity restrictions that camp should be aware of, using additional sheets if necessary.

COVID-19 VACCINATION STATUS

Check this box to affirm that you will be fully vaccinated and up-to-date (fully boosted) according to the latest CDC guidance ([click here to read](#)) by the time you arrive at Family Camp. **DOCUMENTATION REQUIRED – please attach a copy of your VACCINATION RECORD CARD or other evidence of vaccination status.**

EMERGENCY CONTACT

Name: _____ Relationship: _____

Mobile Phone: _____ Home Phone: _____

AUTHORIZATION TO TREAT

The information on this health history is correct as far as I know. I understand that the costs associated with medical services (including, but not limited to, visits to the doctor, trips to the emergency room, and any other hospital in- or out-patient services) are my responsibility.

In signing below I give permission to the camp to make any and all necessary arrangements seeking appropriate care. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to secure proper treatment and order an injection, hospitalization, anesthesia, or surgery for me or my child. I agree to the release of any records necessary for treatment, reference, billing, or insurance purposes.

Signed: _____ Relationship: _____ Date: _____

ACKNOWLEDGEMENT & ASSUMPTION OF RISK

This form must be completed and signed by a parent or legal guardian if the participant is under the age of 18. Please acknowledge your understanding of and consent to each section. You may choose to decline the Photo Release if you prefer.

ACTIVITY PARTICIPATION

I acknowledge and accept that even after reasonable precautions have been taken, these activities have inherent risks. I further acknowledge that some inherent risks cannot be eliminated without destroying the unique character of these activities and I hereby assume all risks and hazards incident to my participation at Kabeyun. I hereby release, absolve, indemnify, and do not hold responsible Kabeyun, the John & Anna Newton Porter Foundation, its participants, administrators, board of directors, directors, volunteers or any staff appointed by Kabeyun, for any risk, legal claim, hazards, damages, costs for any physical injury or accidents to me or damage sustained to my personal property that may occur during my participation at camp. **ACKNOWLEDGE**

FIRST-AID AND MEDICAL CARE

I understand that first-aid and the provision of medical care are my responsibility and that the health center is not open or staffed during offseason programs and events. I authorize the camp director to act for me in their best judgment in any emergency. **ACKNOWLEDGE**

PHOTO RELEASE

I grant permission to Kabeyun to use for any lawful purpose my likeness, image, voice, written materials, spoken words, artworks, and/or appearance such as may be embodied in any pictures, drawings, renderings, photographs, video recordings, audiotapes, digital images or the like ("materials"). I hereby authorize Kabeyun to copy, edit, publish, display, distribute, and/or disseminate the materials. I agree that Kabeyun has complete ownership of these materials and may use them in any manner for any purpose in any medium, including, but not limited to, social media sites. I also agree that Kabeyun has permission to release such materials to the news media. I acknowledge that I will not receive any compensation or remuneration for the use of such materials. **DECLINE** **ACKNOWLEDGE**

TERMINATION AND CANCELLATION

I understand that Kabeyun reserves the right to decline to accept a participant at camp. I also understand that camp and the camp director reserves the right to dismiss participants for undesirable or unlawful behavior or for other cause determined by camp or the camp director. Kabeyun also reserves the right to cancel the program or event should circumstances make camp operation impossible or unwise. **ACKNOWLEDGE**

My signature shows my understanding, acknowledgement, and acceptance of these rules and expectations (participants younger than 18 years of age require a parent signature).

Participant Name
(please print clearly)

Signature
(participant, if 18 or older; otherwise parent or legal guardian)

Parent or Legal Guardian Name
(if participant is under 18 years old)

Date