

# THE OAKS MEDICAL FORM AND LIABILITY RELEASE

Rev. 02/17/2010

## Applicant Information (Please PRINT in ink)

Church or Organization: \_\_\_\_\_ Dates at THE OAKS: \_\_\_\_\_ to \_\_\_\_\_  
Applicants Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M /  F  
First Middle Last  
Address: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
E-mail Address: (for medical questions) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## Emergency Contacts

Parent or Guardian Name: \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## Allergies

Bee or Insect Stings: \_\_\_\_\_ Treatment: \_\_\_\_\_ Drugs: (list) \_\_\_\_\_  
Foods: (list) \_\_\_\_\_ Other: (list) \_\_\_\_\_

## Present Health

Current Medications: \_\_\_\_\_  
*Important! All Medications MUST be brought in the original container with doctor's instructions.*  
Activity Restrictions: \_\_\_\_\_ Physical Handicaps: \_\_\_\_\_  
Date of Last Tetanus: (DPT) \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Last Physical Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Any limiting fears? \_\_\_\_\_ Dietary Restrictions? \_\_\_\_\_

## Health History (Please check any condition and describe them below. List the year for each illness)

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Joint or Muscle Pain
<input type="checkbox"/> Anemia	<input type="checkbox"/> Diarrhea/Constipation	<input type="checkbox"/> Knee Injury or trouble
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Dislocations	<input type="checkbox"/> Measles
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> Back Pain or Injury	<input type="checkbox"/> Emotional/Behavioral Issue	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Epilepsy or Convulsions	<input type="checkbox"/> Motion Sickness
<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Fainting or Dizziness	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Blood Pressure (high/low)	<input type="checkbox"/> Fractures (broken bones)	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Skin Conditions or rashes
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Gall Bladder	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Colitis	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Sprains or strains
<input type="checkbox"/> Concussion/Head Injury	<input type="checkbox"/> Heat Stroke or Exhaustion	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Corrective Lenses (eyes)	<input type="checkbox"/> Heart Disease or Defect	<input type="checkbox"/> Tumor or Growth
<input type="checkbox"/> Cramps, severe	<input type="checkbox"/> Hepatitis A, B, or C	<input type="checkbox"/> Ulcer
<input type="checkbox"/> Cystitis	<input type="checkbox"/> Hernias	<input type="checkbox"/> Urinary Difficulties
<input type="checkbox"/> Dental Appliances	<input type="checkbox"/> HIV Positive	<input type="checkbox"/> Venereal Disease

Details on above: \_\_\_\_\_  
Name any injuries, illnesses or disabilities not mentioned and the year of occurrence:  
\_\_\_\_\_  
Hospitalization or surgeries: (list the date, reason, hospital name and location)  
\_\_\_\_\_

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## Medical Authorization and Insurance Coverage

THIS HEALTH INFORMATION IS CORRECT, as far as I know. In the event the emergency contact cannot be reached in an emergency during the program dates noted on this form, I HEREBY GIVE PERMISSION to the physician selected by THE OAKS, to hospitalize, to secure proper treatment, to order injection, anesthesia, dental care, and/or surgery for the applicant. I GIVE PERMISSION for THE OAKS to provide for the applicant a certified First Aid provider to administer First Aid and over the counter medication as needed for illness or injury as well as any medication noted. I AGREE that photocopies or faxes of this complete form are to be considered legally valid and binding for trips off the camp property. I AGREE to obtain and maintain personal insurance covering the applicant in the program with an appropriate waiver of subrogation rights to reflect the fact that the applicant's personal insurance shall supersede and be used before any insurance coverage that may be provided by World Impact, Inc. In the absence of the aforementioned insurance, I AGREE to pay all costs of rescue and/or medical services as may be incurred by the applicant.

## Acknowledgment of Risks and Capabilities

I RECOGNIZE that there is a significant element of risk in any sport or activity associated with the outdoors and trust. THESE RISKS MAY INCLUDE but are not limited to falling trees, rocks or other objects, poisonous plants, reptiles and insects, domesticated and wild animals, crossing steep, uneven and loose terrain, exposure to the elements, lightning strikes, fires, stream crossings, open untreated water, flash floods, landslides, depending on other group members for physical and emotional safety, contact with abrasive or slippery rock, equipment failure or misuse, injury from entanglement with ropes, cables and other equipment, and at times a remote location far from modern medical facilities and rescue assistance. I AM AWARE that certain portions of the program are physically demanding and that the applicant may be asked to walk, run, stretch, climb, push, pull, and perform rigorous and potentially risky or dangerous physical activities which may double their normal resting heart rate. I VOLUNTARILY AGREE to participate in the program. I realize that pre-existing medical conditions could affect the applicant's ability to participate in the program, I FURTHER AGREE to get a qualified medical opinion if the applicant is over 50 years old and/or if I doubt their ability to participate in any given activity. I AGREE to abide by the activity restrictions and to participate only to the extent that my medical, physical, emotional, or other conditions create no undue risk to myself, other participants, or program staff. I FURTHER ACKNOWLEDGE that exposure to these inherent risks, rigors and dangers may result in but is not limited to separation from the group, bruising, bodily injury, emotional trauma, permanent disability including loss of sight and in extreme cases death. Knowing these risks and potential consequences, I CERTIFY that the applicant is fully capable of participating in the program activities which may include but are not limited to hiking, backpacking, bouldering, rock climbing, rappelling, initiative games, low ropes, high ropes, caving, mountain biking, paintball, horseback riding, fishing, swimming, water sports, canoeing, sailing, powered water craft, white water rafting, archery, batting cage use, individual sports including skateboarding, and team sports, except as noted under activity restrictions.

## Assumption of Responsibility

I AGREE to assume full responsibility for the applicant's actions and their consequences during their participation in the program, and including without limitation, any injury to the applicant and/or property or any inconvenience resulting there from any other circumstance related to such actions. I, the applicant, AGREE to follow the camp rules as recorded in the Guest Group Handbook and communicated to me verbally by THE OAKS staff.

## Covenant of Good Faith

I AGREE that THE OAKS has the right to refuse any applicant it judges to be incapable of meeting the rigors and requirements of participating in these activities. I AGREE that any decision made by the staff of THE OAKS will be binding upon the applicant. THE OAKS reserves the right to dismiss any applicant (at their own expense) who through their action or in-action, influences or causes an event which is detrimental to the best interests of themselves or others.

## Permission for Participation, Transportation, and Promotion

I GRANT PERMISSION for the applicant to engage in all THE OAKS Camp activities and to be transported by a World Impact, Inc. staff member who is a legally licensed driver on all activities sponsored by THE OAKS, on and off the camp property for the duration of the camping session. I GIVE PERMISSION for World Impact, Inc. to use images of the applicant taken while at camp and quotations from evaluations, letters or interviews relating to the program experience for promotion and commercial purposes.

## Waiver of Liability

I HEREBY RELEASE and agree to INDEMNIFY, DEFEND AND HOLD HARMLESS World Impact, Inc. its board of directors, officers, directors, employees, guides, agents and volunteers and each and every land owner, municipality and/or governmental agency upon whose property the activity is conducted, from any and all liability, claims, losses, costs, expenses (including without limitation, attorney fees) or demands (except those arising from the gross negligence or willful misconduct of the aforementioned parties) that I, my heirs, executors, trustees, administrators, assignees, distributees, personal or legal representatives and all members of my family, may now have or in the future make against such parties as a result of or related to any injury, loss, death or damage of any kind whatsoever resulting from the applicant's participation in this program or from any driving mishap that may occur during transportation.

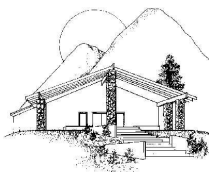
## Acceptance Signature

I/WE HAVE READ, UNDERSTOOD AND ACCEPTED the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the applicant hereafter.

**Applicant Signature or**

**Legal Guardian (if under 18) X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Circle One: Parent or Guardian**



## THE OAKS Camp and Conference Center

P.O. Box 437

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Lake Hughes, CA 93532

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