

**Screamin' Eagle Outfitters
Recreation Release Form**

Participant _____

Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Phone _____

I, the undersigned, want to participate in the recreation and all other activities offered by Screamin' Eagle Outfitters and sign this release and assumption of risk in consideration of being given the opportunity to engage in these activities.

I understand that:

- (1) The activities can be physically and mentally intense and may require extreme exertion to participate in and that the possibility of injury to others and myself exist.
- (2) The activities can be dangerous if not played in accordance with stated rules which I will have been made aware of, understand and will abide by.
- (3) Screamin' Eagle Outfitters will not be responsible in any way for accidental/Medical insurance and that it is the full responsibility of the participant and their party to cover any medical needs that may arise.

I confirm and agree that:

- (1) I am fully aware of the risk and I fully assume the risk that I am physically and mentally able to be fully involved in these activities and will comply with all rules, regulations and the full and complete use of all equipment so as not to injure or hurt myself or other participants.

-----**Release**-----

By my signature on this page I hereby release, remise and forever discharge from any claims and liabilities whatsoever without limitations that I might have against Screamin' Eagle Outfitters or their personnel, members, employees and agents (wherever located and whenever I might participate) or related activities and any operator or their personnel, hereafter called the sponsors and the property owners, indemnifying and releasing them against any and all claims, actions, suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of, connected with, or resulting from participating in any of the recreation, including, without limitation, these resulting from the manufacture, selection, delivery, possession use, or operation of such equipment. I hereby release the sponsors and property owners from any and all such liability, and I understand that this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify to the sponsors and property owners that I am in good health and do not suffer from a heart condition or other ailment which could be exacerbated by the exertion involved in participating in any of the recreation and or activities of any kind offered by Screamin' Eagle Outfitters.

I assign to Screamin' Eagle Outfitters all rights to use any photographs or video of me taken relative to participation in any and all activities.

I confirm that I have read the above and state that I will be responsible to cover any injuries that I may sustain or cause.

I state that I am at least 18 years of age and in good health and will be bound by this agreement.

Signature of adult camper/staffer _____ Date ____/____/____

Complete this section (only) if you are less than 18 years old

If you are under 18, please have this agreement guaranteed by having your parent, guardian, or responsible person over age 21 sign below.

Parent Agreement: My signature below indicates that I agree to be bound by this release and assumption of risk for the participant and myself under this agreement.

Parent/ Guardian signature _____ Date ____/____/____

Parent/Guardian name (please print) _____

Address _____

City _____ State _____ Zip _____

Relationship to participant _____

This is fully intended to be a legally binding contract. If I have any doubts concerning any aspect of its contents, I will consult an attorney before signing it.

Screamin' Eagle Outfitters

MEDICAL RELEASE FORM

Participant's Name: _____ Age _____ Birth Date: ____/____/____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Email: _____

PERSON TO NOTIFY

Father: _____ # _____ (If Different Phone # From Youth) # _____ (Cellular Phone #)
Mother: _____ # _____ # _____
Father's Employer & Phone: _____ # _____
Mother's Employer & Phone: _____ # _____
Other: _____ # _____

MEDICAL INFORMATION Date of Participant's Last Tetanus Shot: _____

Participant's Physician and Phone: _____ # _____

Participant's Dentist and Phone: _____ # _____

Allergic to any Medicines? ___ Yes ___ No If so what: _____

Allergic to any Foods? ___ Yes ___ No If so what: _____

List of other Allergies: _____

General Medical History: _____

Currently on any prescription medication? ___ Yes ___ NO (If yes please fill out accompanying Medicine dispense chart)

If so what: _____

Additional Comments: (please add all other health information we may need to properly care for the participant. Attach additional sheets if needed.)

INSURANCE INFORMATION

Insurance Company or Group: _____

Policy #: _____ Phone # _____

Group #: _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that I am unavailable for purposes of providing parental consent, I, the undersigned parent, guardian or adult camper/staffer do hereby authorize adult workers with Screamin' Eagle Outfitters, of Hendersonville, North Carolina, to consent to any examination, x-ray, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon on the medical staff of a hospital or other medical center for the camper that is listed on this form or myself. I hereby authorize the physician (s) and staff of a hospital or other medical facility to provide such medical care that includes diagnostic procedures and medical treatment as necessary to my minor son or daughter while participating with Screamin' Eagle Outfitters. I, the undersigned, do hereby verify that all information is correct and I do hereby release all members, employees and agents of Screamin' Eagle Outfitters from any and all claims, demands, actions or cause of action, past, present, or future arising from and damage or injury while participating with Screamin' Eagle Outfitters in any activity on or off their premises, including outings and trips.

This form shall be valid for one year from the date listed below.

Dated this ____ day of _____, Year _____, State of _____

I reside in the County of _____

Signature of parent or guardian or adult camper/staffer: _____

Relation: _____

Prescription Form

This form is to be used to list all prescriptions the Camper will be taking while at camp. Please complete the form entirely. This form is not needed for over-the-counter medication sent with the camper. If camper is taking more than 3 medications please make copies of this form as needed. Also, having medication in daily dosage containers is helpful. **Please have this form with medications in a large zip-loc bag with the campers name written on the outside with a black permanent marker.** These should be given to the Chaperone to be turned in at registration for the camp nurse to dispense at the appropriate times throughout the week.

Name of Camper: _____

Address of Camper: _____

Prescription #1 Medication: _____

Dosage: Please be exact

Please include times to give medication

| Day | Breakfast | Lunch | Supper | Evening | | Additional Times |
|------------|-----------|-------|--------|---------|--|------------------|
| Sunday | | | | | | |
| Monday: | | | | | | |
| Tuesday: | | | | | | |
| Wednesday: | | | | | | |
| Thursday: | | | | | | |
| Friday: | | | | | | |

Prescription #2 Medication: _____

Dosage: Please be exact

Please include times to give medication

| Day | Breakfast | Lunch | Supper | Evening | | Additional Times |
|------------|-----------|-------|--------|---------|--|------------------|
| Sunday | | | | | | |
| Monday: | | | | | | |
| Tuesday: | | | | | | |
| Wednesday: | | | | | | |
| Thursday: | | | | | | |
| Friday: | | | | | | |

Prescription #3 Medication: _____

Dosage: Please be exact

Please include times to give medication

| Day | Breakfast | Lunch | Supper | Evening | | Additional Times |
|------------|-----------|-------|--------|---------|--|------------------|
| Sunday | | | | | | |
| Monday: | | | | | | |
| Tuesday: | | | | | | |
| Wednesday: | | | | | | |
| Thursday: | | | | | | |
| Friday: | | | | | | |