

WORD OF LIFE APOSTOLIC CENTER, INC.  
**The Overflow Family Retreat 2022**  
MEDICAL AND LIABILITY RELEASE



(Please Print)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ MALE ☐ FEMALE

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

IN EMERGENCY NOTIFY: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ OTHER: (\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CHURCH: \_\_\_\_\_ PASTOR'S NAME: \_\_\_\_\_

**HEALTH HISTORY:**

FOR CAMP MEDICAL OFFICE USE

Have you received a COVID-19 Vaccination? ☐ Yes ☐ No How many Covid-19 Vaccinations? \_\_\_\_\_ Type of Vaccination: \_\_\_\_\_

Covid-19 Negative Test? ☐ Yes ☐ No

_____ Drug Allergies	_____ Heart Condition	_____ Behavior/Nervous Disorder	_____ HIV/Hepatitis
_____ Food Allergies	_____ Asthma	_____ High Blood Pressure	_____ Stomach Problems
_____ Environmental Allergies	_____ Seizure disorder	_____ Physical Handicap	_____ On Medication
_____ Insect Stings	_____ Diabetes	_____ Other (explain)	_____

If any of the above are checked, please give details (i.e. include type of medication, normal treatment of allergic reactions) \_\_\_\_\_

Any swimming restrictions: ☐ Yes ☐ No Any activity restrictions: ☐ Yes ☐ No What restrictions? \_\_\_\_\_

If your child should require medical attention at camp for injuries received, or for illnesses contracted prior to coming to camp, please send us the information necessary to give your child proper medical service during your child's stay at camp. \_\_\_\_\_

Do you have medical insurance? ☐ Yes ☐ No If yes, please provide the following information below and attach a copy of the insurance card to this form:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Do you have physical, mental, or medical problems that would limit participation in a summer camp program? ☐ Yes ☐ No

**MEDICAL RELEASE**

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician or Hospital Selected by the Retreat Staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named in this registration form as deemed necessary.

**SELECTED HOSPITAL: ENDLESS MOUNTAIN HEALTH SYSTEM, 100 HOSPITAL DRIVE, MONTROSE, PA 18801. Phone: (570) 278-3801**

I am aware of and understand the risks and hazards of the activities in which myself and/or my child may take part while a camper, including but not limited to swimming (if checked yes on registration) recreational and sporting activities, and transportation to such activities. I hereby acknowledge and voluntarily assume all risk of loss, damage or injury, whether to person or property, that may be sustained by myself and/or my child while a participant in the Retreat, whether on or off the camp premises, and hereby release Word of Life Apostolic Center Inc. from any and all liabilities, claims, demands, and actions arising out of or related to the participation of my child in the Overflow Family Retreat. This release shall be binding upon the heirs, administrators, executors and assigns of my child and myself. Your signature signifies that you have read the terms, understand and agree to the foregoing. The signature of the parent or guardian below is intended to serve as a medical release.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(You may sign your own Release if you are 18 or older)

**WORD OF LIFE APOSTOLIC CENTER, INC.**  
**The Overflow Family Retreat 2022**  
**Participation, Release, Waiver & Indemnity Agreement**



WHILE WORD OF LIFE APOSTOLIC CENTER INC., OVERFLOW FAMILY RETREAT MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT THE OVERFLOW FAMILY RETREAT.

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at the Overflow Family Retreat. These activities include, but are not limited to, swimming, competition games, basketball, softball, kickball, badminton, ping-pong, wall-climbing, paintball, volleyball and fishing. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Word of Life Apostolic Center Inc. has taken reasonable steps to provide equipment and skilled employees so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the Campsite rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Word of Life Apostolic Center Inc., its Officers, Board, Agents or Staff, for any and all claims for injuries, causes of action, or liability related to me or my child's participation in any activity occurring at the Overflow Family Retreat or on or around Retreat Campsite. This release does not apply to intentional and/or willful acts of misconduct by Word of Life Apostolic Center Inc., Overflow Family Retreat or any of its officers, Board, agents or employees.

Should Word of Life Apostolic Center Inc., or anyone acting on their behalf be required to incur attorney's fees costs to enforce this agreement, I agree to indemnify and hold Word of Life Apostolic Center Inc. harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged or stolen during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Word of Life Apostolic Center Inc. on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Camper's Name (Print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(You may sign your own Release if you are 18 or older)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Word of Life Apostolic Center, Inc. • 80 Elm Avenue •**  
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