



225 Woodcrest Drive, Ephrata, PA 17522  
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**Camp Health History & Release Form**

Name: _____		Age: _____	Date of Birth: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Name of Parent(s) / Guardian(s) if under 18 years of age _____				
Address: _____		Phone: _____		
City, St, Zip: _____		Work or 2nd Phone: _____		
If not available in an emergency, contact: _____		Relationship: _____		
Phone: _____		Work or 2nd Phone: _____		
List any restrictions on physical activity, major illnesses, or injuries; and list and explain any other problems we should know about.				
(Attach additional paper if needed)				
Please list any medications being taken by the participant.				
<b>Release &amp; Indemnity Agreement</b>				
I, _____ (print name) (print Parent/Guardian name if participant is under 18 years of age) acknowledge and understand that the Camp Program at Woodcrest Retreat ("Camp Program"), involves a wide variety of formal and informal indoor and outdoor recreational and learning activities and that participation in the Camp Program is an activity which could result in personal injury or illness to me (or "my/our child", if participant is under 18). With full knowledge of the risks associated with my (or "my/our child's", if participant is under 18) participation in the Camp Program, I hereby absolve, release and discharge Woodcrest Retreat, its officers, directors, members, employees and agents, and any individual directly or indirectly involved with the Camp Program from any liability for injury or illness I (or "my/our child", if participant is under 18) may suffer while participating in or as a result of the Camp Program. In the event that I (or "my/our child", if participant is under 18) should suffer an injury or illness while participating in or as a result of the Camp Program, I hereby authorize and consent to any and all medical treatment which may be determined by a physician, other qualified medical personnel or the officials of the Camp Program to be necessary or desirable for me (or "my/our child", if participant is under 18) and hereby authorize the officials of the Camp Program to use their discretion to have me (or "my/our child", if participant is under 18) transported to a medical facility for such treatment.				
I also authorize Woodcrest Retreat to use photographs and/or video of me (or "my/our child", if participant is under 18) in camp publicity.				
Signature of Participant (or Parent/Guardian(s) if participant is under 18 years of age): _____				
Print Name: _____		Date: _____		
Print Name: _____		Date: _____		