



HEALTH FORM

PERSONAL INFORMATION

Camper's Last Name (Printed)		Camper's First Name (Printed)			M.I.
Street Address		Date of Birth (Month, Day, Year)			Age
City	State	Zip	Height	Weight (Lbs)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

IMMUNIZATION RECORDS

Are your child's immunizations up to date? Yes No If no, please explain _____

Date of last Tetanus Vaccine (REQUIRED): _____

MEDICATIONS/HEALTH HISTORY

Check if these apply to your child. If necessary, attach an additional page to describe health history in detail.

NON-MEDICATION ALLERGIES:

- No known non-drug allergies
- Insect/bee/wasp stings
- Poison ivy/oak/sumac
- Nuts: Mild Moderate Severe
- Fish/Shell Fish Eggs Milk
- Other (non-drug): _____

MEDICAL CONDITIONS:

- Asthma
- Aspergers
- Autism
- Back/Neck Injury
- Bladder/Kidney
- Bleeding Disorder
- Blind/Legally Blind
- Cancer
- Cardiac Issues/Hypertension
- Diabetes
- Down Syndrome
- Enuresis (bedwetting)
- Hearing
- Immune Disorders
- Hip/Knee/Ankle Problems
- Migraines
- Nutrition (significant dietary needs)
- Physical/Muscular/Coordination
- Seizure Disorder
- Tourette Syndrome
- OTHER _____

MEDICATIONS:

Remember that you will need to bring any medications in their ORIGINAL PACKAGING, WITH CHILD'S NAME AS RECIPIENT with you to registration and check them in with a health officer on opening day. PLEASE DO NOT PACK MEDICATIONS IN YOUR CAMPERS LUGGAGE!

PLEASE DO NOT BRING VITAMINS OR COMMON OVER THE COUNTER MEDICATIONS.

LIST ALL CURRENT MEDICATIONS (DOSAGES NOT NECESSARY AT THIS TIME):

MEDICATION ALLERGIES:

- No known medication allergies
 - Has medication allergies (List all medication names & describe reactions): _____
- _____
- _____

INSURANCE INFORMATION

In the event of illness, parents are completely responsible for any necessary treatment costs incurred. List all personal insurance information or include a copy of insurance card(s).

Please mark "none" if your child is not covered by health insurance. None

Carrier or plan name	Carrier Address	Policy holder ID#	Name of policy holder
Group policy number		Carrier telephone	Relationship to camper

EMERGENCY CONTACT INFORMATION

Parent/Guardian name	Parent/Guardian home phone	Parent/Guardian work phone
Family physician name	Family physician phone	Parent/Guardian cell phone
Emergency contact name(if parent can not be reached)	Emergency contact phone	Relationship to camper

**SPRINGHILL CAMPS
(MICHIGAN)**

Release of Liability, Waiver, Indemnification, and Consent to Medical Attention

I understand that all day camp, overnight camp, and other recreational programs carry with them significant risks. Although SpringHill Camps ("SpringHill") has taken reasonable and prudent steps to reduce foreseeable risks, they still exist. Accordingly, in exchange for my being allowed to participate in a day and/or overnight camp or recreational program or activity sponsored by SpringHill (the "Program"), I, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular), agree to be bound by each of the following:

1. Voluntary Participation. I understand and confirm that my participation in the Program is voluntary.

2. Identification of Risks. I understand that there are certain dangers, hazards, and risks inherent in day camp, overnight camp, and other recreational activities. More specifically, there are certain dangers, hazards, and risks inherent in certain activities conducted at the Program, including, but not limited to, climbing walls, inflatables, water games and events, and outdoor games (in the day camps), and swimming, horseback riding, river rafting, canoeing, paintball, extreme sports, high adventure activities, blobbing, winter tubing, snowboarding, skiing, cross country skiing, rock climbing, gymnasium activities, sports, zip line, rappelling, camp transportation, sleeping in tents or cabins, bathing and eating and other residential activities (in the overnight camps), and other athletic and recreational sports ("Recreational Activities"), all of which are regularly scheduled Program activities. I may voluntarily participate in some or all of these activities. I also understand that medical facilities or treatment may be inadequate or unavailable during portions of the Program. I understand that my participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death. There may be other risks not known to SpringHill and not reasonably foreseeable at this time. I further understand that some of the premises, facilities, and equipment used in connection with the Program may not be owned, maintained, or controlled by SpringHill, but rather by the premises owners (the "Premises Owners"). I understand that this Release of Liability, Waiver, Indemnification, and Consent is intended to address all of the risks of any kind associated with my participation in any aspect of the Program, including, particularly, such risks created by actions, inactions, or negligence on the part of SpringHill or its directors, officers, employees, agents, volunteers, successors, or assigns (collectively, the "Representatives"), including, but not limited to, risks created by the following: (a) my physical, emotional, and psychological limitations and/or discomfort; (b) the physical, emotional, and psychological limitations and/or discomfort of others; (c) the use and/or condition of premises on which various Program events occur; (d) the lack or inadequacy of policies, rules, or regulations with respect to the Program; (e) the failure of SpringHill or its Representatives to foresee or protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of other persons; (f) the inadequacy or unavailability of medical facilities, treatment, and/or professionals; or (g) the lack or inadequacy of supervision by SpringHill or its Representatives.

3. Assumption of Risk. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program, including its Recreational Activities. I accept personal responsibility for any liability, personal injury, or economic or noneconomic damages or loss in any way connected with my participation in the Program, including its Recreational Activities. I represent to SpringHill that I have health insurance that is adequate to cover treatment for any personal injuries I may sustain as a result of my participation in the Program, including its Recreational Activities.

4. Release and Waiver. I release SpringHill and its Representatives to the fullest extent permitted by applicable law from any and all liability for, and waive any and all claims for, personal injury or economic or noneconomic damages or loss, including attorneys' fees, in any way connected with my participation in the Program, including its Recreational Activities, even if caused in whole or in part by the negligent acts or omissions or other misconduct of SpringHill or any of its Representatives (a "Claim"). This release does not apply to reckless or intentional misconduct of SpringHill or any of its Representatives. I am aware of MCL § 700.5109, which authorizes organizations such as SpringHill to obtain releases covering a minor's participation in a recreational activity, and I agree that this release is authorized by that statute.

5. Indemnification. I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) SpringHill and its Representatives, and the Premises Owners, from any Claim or expense, including reasonable attorneys' fees for the legal counsel of SpringHill's choice (including the cost of defending any Claim I (or any member of my family) might make, or that might be made on my behalf (or on behalf of any of my family members), that is released or waived by this instrument), in any way connected with a Claim.

6. Binding Effect. This instrument shall be binding upon my relatives, personal representatives, members, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of SpringHill, the Program, and their respective directors, officers, employees, agents, volunteers, successors, and assigns.

7. Consent to Medical Treatment. I authorize SpringHill and its Representatives, and the Premises Owners, if present, to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my participation in the Program. This consent does not impose a duty upon SpringHill or its Representatives, or upon the Premises Owners, to provide such assistance, transportation, or services.

8. Severability. If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.

9. Applicable Law. Because the SpringHill Program is located in the State of Michigan, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Michigan.

THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ AND UNDERSTAND ALL PARAGRAPHS OF THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT VOLUNTARILY.

Printed Name

Signature

Date

If the person participating in the Program is not yet 18 years old, one of his/her parents or legal guardians must sign:

In exchange for my child or ward being allowed to participate in the Program, and as the parent or legal guardian of the above-named individual, I verify that I fully understand, agree to, and accept all provisions of this Release of Liability, Waiver, Indemnification, and Consent. I further represent and agree that I am signing on behalf of, and as an agent for, any other individual who may be a parent or guardian of my child or ward, that I am fully authorized to do so, and that by executing this Release of Liability, Waiver, Indemnification, and Consent, I am binding myself, any other parent or guardian of my child or ward, and my child or ward.

Printed Name (Parent or Legal Guardian)

Signature

Date