



Registration and Medical Waiver Form

Laurelville MS ___ HS ___ (check one) Fall Weekend Date: _____

Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ School: _____ Grade: _____ Group: _____

Parent/Guardian Name: _____ Insurance: _____ Group#: _____

Date of Last Tetanus: _____ Allergies: _____

Parent/Guardian's Statement of Consent and Authorization for Treatment:

I hereby give consent for the following: The child listed above may be transported by the Laurelville, PKF and Laurelville Mennonite Retreat Center staff, including for the purposes of obtaining emergency medical care, to and from Laurelville facilities and other locations used by the PKF and its related entities; the child listed above may participate in mud activities; pictures and videos of the child listed above may be taken in conjunction with Laurelville and PKF activities and events, and the images taken and such child's likeness may be used in Laurelville and PKF promotional materials. I agree that I and the child listed above will abide by camp rules.

I, on behalf of myself and the child listed on this form, understand that we may be involved in activities, including but not limited to, team building, academic and religious activities, playing with toys and other games, playing on playgrounds, fields, courts, and other recreational areas, running, tumbling, gymnastics, hiking, swimming and other aquatics, boating, water skiing, canoeing, tubing, horseback riding, kayaking, ropes courses, mountain and BMX biking, arts and crafts, team sports, drama and acting, singing and music, social environments and engagement with other youth, preparing and consuming food, and other educational and physical undertakings and social interactions (the "Activities and Programs"). Please also visit www.pittsburghkidsfoundation.org and the web page for each camp to learn more about the types of Activities and Programs in which your child may participate and/or to which your child may be in close proximity.

I understand that this waiver binds me and my child, as well as my heirs, executors, administrators, legal representatives, and assigns, for the benefit of the PKF, its officers, directors, employees, representatives, funding sources, related entities, volunteers, and/or other agents ("Released Beneficiaries"). In exchange for participation in the Activities and Programs, I agree to the following: (a) I agree to prepare my child to take all safety precautions and to abide by camp rules while participating in the Activities and Programs; (b) I understand that my child may be exposed to both physical and non-physical risks, and I agree that I and my child are voluntarily assuming those risks and participating in the Activities and Programs with knowledge that injury to my child or others, including possibly sustaining severe injuries, and even death, may result; I assume full responsibility for physical and non-physical injuries, illnesses, accidents, including death, to my child; (c) I agree that, in the event that my child is

physically injured, emotionally harmed, or otherwise requires emergency care, I hereby give permission to the medical personnel selected by my child's youth leader, or the Laurelville, PKF and Laurelville Mennonite Retreat Center staff to give routine non-surgical care, order x-rays, routine tests and treatment, to release any records necessary for insurance purposes and to provide or arrange related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by my child's youth leader, or the Laurelville, PKF and Laurelville Mennonite Retreat Center staff to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp. I release the Released Beneficiaries from all liabilities for all damages, expenses, claims, judgments, actions or causes of action as a result of any loss or injury, to person or property, which I or my child may sustain or suffer during or arising out of participation in the Activities and Programs, whether or not caused by the Released Beneficiaries, and any related medical/allergic conditions.

My signature below affirms that I have read this document, understand it, and agree that it will be binding on me and my child.

Signature of parent/guardian: _____ Date: _____

Phone #(s) where I can be reached: _____

Alternate Contact: _____ Relationship: _____ Phone #: _____

Deposit: \$ _____ Balance : \$ _____