

PERMISSION SLIP/ HOLD HARMLESS/ MEDICAL RELEASE

No Exceptions, everyone must have this on file. Please fill out and then bring to camp with you.

Name _____ Age _____

Mailing Address _____

E-mail Address _____

Phone - Home _____ Cell _____

Event Attending _____ Date _____

IF APPLICABLE: Scout Troop # _____ Homeschool Group Name _____

1. I hereby agree that my participation in the above Camp Tonkawa event is entirely voluntary.

2. I further state that I am aware of all inherent dangers of participation and the risks involved in various outdoor activities, and I assume full responsibility for myself and any of my dependents who attend for bodily injury, death, loss of personal property, and expenses thereof as a result of those inherent risks and dangers in participating in the activities. Said activities include but are not limited to horseback riding, archery, swimming, fishing, camping, and other related activities. I acknowledge that my participation in said activities is at my own risk.

3. Animals, reptiles, insects, and similar life in the wild are unpredictable and sometimes carry inherent risks, which include allergic reactions. Camp Tonkawa owners, their agents, volunteers, employees, instructors, and officers are not responsible for any bites, stings, or injury resulting from camp activities. Campers and their chaperones or guests assume all the risks of participating.

4. Horseback riding: According to the Civil Practice & Remedies Code of Texas Law, Chapter 87, "An equine owner is not liable for an injury to or for the death of a participant in equine activities resulting from the inherent risk of equine activities."

5. I ACKNOWLEDGE, UNDERSTAND, DECLARE, AND AGREE that to the best of my knowledge, I am in good physical condition and have no disease or injury that would be aggravated by participating in Camp Tonkawa's activities.

6. I consent to all emergency medical treatment, given through a Camp Tonkawa representative or a medical professional, as may be deemed appropriate under existing circumstances associated with camp activities. I authorize Camp Tonkawa and its representatives to transport me by whatever means is available at the time to a nearby medical facility if need be or to place me in the care of a local physician for treatment. I further agree that all expenses incurred in rendering these services, including transportation, whether placing me in a hospital and/or in the care of a physician, will be a debt and liability I am responsible for, and I agree to make repayment, time being of the essence.

My insurance company & phone # _____.

7. I agree, on behalf of myself, my dependents, my assigns, my executors, and my heirs, to release, indemnify, covenant not to sue, waive, discharge, and hold harmless Camp Tonkawa and its trustees, officers, agents, employees, owners, and volunteers for any injury whatsoever arising out of or in any way related to my participation in camp events, including any act or omission of any third party.

8. I have read and understand the terms of this "Permission Slip / Hold Harmless / Medical Release" and agree to all terms and conditions on behalf of myself, heirs, representatives, executors, and administrators. I hereby certify by my signature that I am physically fit and capable of participating.

9. I acknowledge that travel to and from Camp Tonkawa involves the use of private passenger vehicles not owned or controlled by Camp Tonkawa.

10. I certify that I am of lawful age and legally competent to sign this affirmation and release and that I have signed this document as my own free act.

11. I hereby agree that all photos taken of me by camp staff are the property of Camp Tonkawa and may be used in Camp Tonkawa publications, promotional materials, and on their website.

I agree to all of the above information:

Signature (if under 18 parent/guardian) _____ Date _____

(This form shall remain on file and be in effect and valid for all Camp Tonkawa club members and need not be resubmitted for 1 year from date signed.)

Emergency contact name _____

Emergency contact phone numbers _____