

# ALLIANCE REDWOODS MINOR FORM

Group Name:

Minor Full Name (first, middle, last):

Minor's Date of Birth:

Guardian/Primary Emergency Contact:  
Name (first, middle, last)

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Occupation/Employer:

Additional Emergency Contact  
Name (first, middle, last):

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Occupation/Employer:

Please indicate where you want us to direct first responders in an emergency situation:

No Preference

Santa Rosa Memorial  
Hospital

Sutter Santa Rosa  
Regional Hospital

Kaiser Hospital, Santa Rosa

## The following information is for Emergency Department and Physician use:

Medical Insurance Company:

Policy #:

Physician or Clinic:

Phone #:

Dental Insurance Company:

Policy #:

Dentist or Orthodontist:

Phone #:

Indicate any conditions which apply:

Diabetes

Seizures

Asthma

Back/Neck Injuries

Heart Condition

Nosebleeds

Fainting

Headaches/Migraines

Other Medical Concerns or Restrictions:

List all Physical Restrictions or Disabilities:

Last Known Tetanus Shot:

List all Allergies (food, drug, environment, etc.), indicate if there is an epi-pen for the allergy:

List all Medication (being brought to Alliance Redwoods) with dosage and time taken and health condition needed for:

List all Medications (over the counter or prescribed) NOT to be given to the Minor:

## ALLIANCE REDWOODS MINOR MEDICAL WAIVER & RELEASE OF LIABILITY

### Medical and Liability Release for Minors

I agree to allow the ALLIANCE REDWOODS CONFERENCE GROUNDS (ARCG) Health Care Staff to render care to, arrange transportation for and administer over-the-counter medications to, the named minor, within the Staff scope of practice, and as deemed beneficial to the health and well-being of the named minor.

I hereby give, as parent/legal guardian, my permission to the doctor selected by the ARCG to hospitalize, access and procure necessary medical records, and secure appropriate treatment, including but not limited to, injections, anesthesia, testing, radiology, or surgery for the named minor as deemed necessary. Medical insurance coverage by the ARCG's insurer is secondary to your medical insurance policy, and available only following the usage of your policy to the limit of your policy coverage or if you have no medical insurance of your own. I understand that in signing this form I am providing both a Medical and Liability Release to the ARCG for the minor named on the front page. I hereby acknowledge that during his/her attendance at a camp session certain risks exist, which may be known or unknown at this time, and may result in physical injury or illness. In signing this Liability Release, I assume full responsibility for mitigation of such an incident, and I am granting permission for the participation of the named minor in all session related activities, unless specifically noted on this form. This release is intended to stand on the behalf of the named minor, and in place of all claims by any family member or agent. These releases of ARCG shall be in effect only for the duration of the camp session as indicated, and only while the named minor is on the grounds of ARCG, and/or under the direct supervision of ARCG employees.

I agree that, in the event of dispute between myself as guest or parent/legal guardian of, or on behalf of, the named minor, I will submit to arbitration by an organization sanctioned for this purpose, in lieu of pursuing litigation in a court of law. I further agree as parent/legal guardian, to absolve and hold harmless the ARCG a Non-profit Corporation, its Board of Directors and Trustees, agents and employees against liability for; damages, losses, or injuries or illnesses to; myself, my property, or the named minor.

Non-compliance with disclosed behavioral standards and instructions, written or oral, may result in disciplinary actions, up to and including, being asked to remove the named minor from the grounds. Anyone asked to leave the grounds shall forfeit all camp fees previously paid, while remaining liable for any fees due.

I hereby give my permission to the ARCG to use photography of the named minor taken while on the grounds for promotional purposes.

### Waiver and Liability Release for All Guests

In consideration of ARCG furnishing services and/or equipment and/or using my own equipment to enable me to participate in ropes course, biking, kayaking, canoeing, rock climbing, skateboarding, inline skating, scooters, paintball games or any other activities, I agree as follows: I FULLY UNDERSTAND AND ACKNOWLEDGE THAT:

A) Risks and dangers exist in my use of the equipment and my participation in the activities stated above;

B) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability;

C) These risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of The Alliance Redwoods Conference Grounds; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; including but not limited to, guide decision making, including that a guide may misjudge terrain, weather, faulty equipment, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe or kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment;

D) And by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of owners, agents, officers, or employees of The Alliance Redwoods Conference Grounds, or by any other person.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify The ARCG and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in any of the activities stated above, or any other activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of ARCG

I have read this waiver and release of liability and by signing it agree, it is my intention to exempt and relieve the ARCG from liability for personal injury, property damage or wrongful death caused by negligence or any other cause. I also understand that in signing as a parent or guardian in the event of an emergency if I can not be reached, I hereby give permission to the physician selected by the ARCG staff to hospitalize or to secure proper treatment, order injections, anesthesia or surgery for my child.

Group Name:

Minor Full Name (first, middle, last):

Parent or Guardian Full Name (first, middle, last):

Signature of Parent or Guardian: