

TWIN CEDARS

Activity and Medical Waivers

Form must be SIGNED and SUBMITTED to TWIN CEDARS staff prior to participation.

WAIVER OF LIABILITY

PARTICIPANT'S FULL LEGAL NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE No: (____) _____ **EMAIL:** _____ **DATE OF BIRTH:** _____

In order to participate in these activities, I, the undersigned, agree and acknowledge that there is risk of injury resulting from participation in these activities or from the equipment involved. (i.e. cuts, bruises, scrapes, insect bites, fractures, falls, fatalities, etc.) I freely assume all such risks both known and unknown and assume full responsibility for my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Twin Cedars, their officers, officials, agents, volunteers, and or employees, from any and all liability for injury, illness, disability, death, loss or damage to personal property, even if arising from the negligence of those persons aforementioned, except that which is the result of gross negligence and/or wanton misconduct. Participant agrees to indemnify and hold Twin Cedars harmless for any accidents, illness, injury, loss or damage of property, and from any legal fee that may occur as a direct or indirect result of participation in activities or volunteering at Twin Cedars.

This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law in the State of Oklahoma and that if any portion thereof is held invalid, it is agreed that the balance shall, not be withstanding, continue in full legal force and effect. Likewise, Participant agrees that if legal action is brought, it must be brought in Logan County, OK.

The participant agrees to abide by the rules and directives from Twin Cedars Staff at all times while present at the venue.

Please read and initial the following rules.

Initials: _____ No participant shall engage in any behavior **A)** likely to cause injury to themselves, other participants, or employees/agents of Twin Cedars; **B)** likely to cause damage to the equipment or property of Twin Cedars or its agents; **C)** any other behavior deemed unacceptable by Twin Cedars or its agents.

Initials: _____ Any participant which refuses or is unable to comply with direction from Twin Cedars staff or agents will not be permitted to participate and/or may be asked to leave Twin Cedars property.

Initials: _____ Any participant that is injured, or observes another participant injured, shall immediately notify Twin Cedars staff and assist in the completion of an incident report.

Initials: _____ **PHOTO RELEASE:** I hereby give consent for participant to attend and participate in Twin Cedars programing and activities. Pictures, audio recordings, and video footage may be taken of participant for use in news releases, social media, print advertisement, electronic publications, and/or educational materials that is in the proper interest of Twin Cedars. **Please alert Twin Cedars staff if participant is in state custody and cannot be photographed, due to lack of consent or other reasons.**

I acknowledge, understand and agree that I have read this release of liability/photo release and assume all risk associated with participating and that I sign this release of liability/photo release voluntarily and without inducement.

Date: _____
PARTICIPANT'S Signature (ALL participants, including minors, must sign)

Date: _____
Parent/guardian's Signature (All participants under the age of 18 at the time of participation must have a parent or guardian sign below.)

MEDICAL RELEASE

Participant is currently being treated for or has been diagnosed with the following medical conditions:

<input type="checkbox"/> No Medical Conditions	<input type="checkbox"/> Heart Condition/High Blood Pressure	<input type="checkbox"/> Allergies (list below)
<input type="checkbox"/> Blood Disorder/Hemophilia	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Asthma
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraines	<input type="checkbox"/> Seizures
<input type="checkbox"/> Gastrointestinal Condition	<input type="checkbox"/> Other _____	

Additional Information:

Signed consent is required for Twin Cedars staff to administer/dispense any over-the-counter medication. Please check which medications you authorize Twin Cedars staff to administer/dispense.

<input type="checkbox"/> Acetaminophen (Tylenol or generic)	<input type="checkbox"/> Diphenhydramine antihistamine (Benadryl or generic)
<input type="checkbox"/> Ibuprofen (Advil, Motrin or generic)	<input type="checkbox"/> Antacid (Tums, Rolaids or generic)
<input type="checkbox"/> Bismuth subsalicylate for Diarrhea (Pepto-Bismol or generic)	<input type="checkbox"/> Antihistamine/Allergy medicine
<input type="checkbox"/> Phenylephrine decongestant (Sudafed PE, Sudafed or generic)	<input type="checkbox"/> Cough Drops
<input type="checkbox"/> Aloe Vera gel	<input type="checkbox"/> Calamine lotion
<input type="checkbox"/> Antibiotic cream (Neosporin or generic)	<input type="checkbox"/> Hydrocortisone (Benadryl cream or generic)
<input type="checkbox"/> SPF-rated sunscreen	
<input type="checkbox"/> Dextromethorphan or Guaifenesin cough syrup (Robitussin DM, Robitussin or generic)	

In the event of an emergency or non-emergency situation requiring medical treatment, I DO HEREBY AUTHORIZE Twin Cedars to consent to any medical treatment or procedure upon the advice of a physician, licensed under the law of Oklahoma for the listed Participant. I recognize and understand that in situations where immediate medical or hospital care is required and parent/guardian is not available to evaluate and choose treatment, Twin Cedars staff or agents will use professional judgment to determine if medical assistance is necessary for the health and safety of Participant. This permission includes but is not limited to the administration of first aid by certified camp personnel, the use of an ambulance, and/or treatment by licensed medical personnel. TWIN CEDARS WILL MAKE REASONABLE EFFORT TO CONTACT THE PARENT/GUARDIAN BEFORE TAKING ACTION. In the event of an injury or medical need, expenses incurred will be the responsibility of Participant and/or Participant's medical insurance company.

Emergency Contact Information:

Name _____ Relationship: _____ Phone: _____

Date: _____
PARTICIPANT'S Signature (ALL participants, including minors, must sign)

Date: _____
Parent/guardian's Signature (All participants under the age of 18 at the time of participation must have a parent or guardian sign below.)