

## Health History/Release of Liability

Camper Name: \_\_\_\_\_

### DISEASE HISTORY:

( ) Convulsions ( ) Heart defect/Murmur ( ) Asthma ( ) Diabetes ( ) Bleeding disorder ( ) Surgery (past 2 yrs.)

Medication-type, dose, and frequency (list): \_\_\_\_\_  
\_\_\_\_\_

Allergies-include allergies to medication, foods, sting, other substances (list): \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

**\*Insurance Carrier:** \_\_\_\_\_ **\*Policy/Group Number:** \_\_\_\_\_

(**MUST** be listed!)

In consideration of the LAG tour/Scott Morris Camps and granting the camper permission to participate, I hereby state that LAG tour and Scott Morris Camps is not responsible for any pre-existing injury, recurrence of any undisclosed pre-existing injury or illness of the above camper. LAG tour and Scott Morris Camps are not responsible for any injury or illness that occurs during the duration of camp. I further acknowledge and release the Stillwater Public Schools, LAG tour and the Scott Morris Camps, and their officers, employees, contractors, agents, all instructors and all participants in said LAG tour events, from liability, including claims and suits at law or in equity, for injury which may result from the camper taking part in the LAG tour and Scott Morris Camps. **(INITIALS)**\_\_\_\_\_. I, as a parent or legal guardian, acknowledge and fully understand that the participant will be engaging in activities that involve risk of serious injury. Further, that there may be other risks now known or not reasonably foreseen at this time. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. I release, waive, discharge and covenant not to bring legal action upon the Stillwater Public Schools, and the LAG tour and Scott Morris Camps, their officers, employees, contractors, agents, all instructors, all participants and anyone associated with its operations.

**(INITIALS)**\_\_\_\_\_

Signature of Parent or

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please return to:**

***smorris@lagtour.com***