



Camper Medical Release Form

CHILD: First Name: _____ MI: _____ Last Name: _____

Birth date : mo _____ day _____ yr _____

Health Ins. Co.: _____ Policy Number: _____

Group Number: _____ Insurance Co. Phone: _____

MOTHER: First Name: _____ MI: _____ Last Name: _____

FATHER: First Name: _____ MI: _____ Last Name: _____

COMPANY/EMPLOYER providing insurance (If applicable): _____

Parent Billing Address: Street # and Name: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mother Cell Phone: _____

Work Phone: _____ Father Cell Phone: _____

Mother or father?

Emergency Name: _____ Emergency Phone: _____

Any known **intolerance/allergy** to drugs and medication:

Any known **food allergy**:

Any previous/current illness, condition, or injury the camp's staff should be aware of:

****My child is allowed to be given Tylenol or Motrin if needed. Circle: YES or NO**

****My child has permission to participate in full contact paintball: Circle: YES or NO**

(if you circle "no" we will assume all campers have permission to shoot at targets only, and not participate in full contact games)

Signature of Parent or Legal Guardian: X _____ Date: _____

BE SURE TO ALSO SIGN THE BACK OF THIS SHEET TWICE!

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged,

I, _____, as parent/legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in Athletic and Related Activities (hereinafter "Activities"), to be conducted by VBI Ventures, Inc. d/b/a and hereinafter Flip Fest Camp. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Flip Fest Camp and Flip Fest Properties, LLC on whose premises the activities will occur (hereinafter the "Location") the affiliates of VBI Ventures, Inc. and the Location, and the respective directors, officers, representatives, members, agents and employees of Flip Fest Camp, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Activities, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) Minor may incur or sustain during the Activities and while traveling to and from the Location whether or not the Activities actually occur. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing Activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Activities occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X _____ Date: _____

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Activities. In the event of such illness or injury, I authorize VBI Ventures, Inc. d/b/a Flip Fest Camp to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Activities and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that VBI Ventures, Inc. d/b/a Flip Fest Camp from time to time produce promotional material relating to its programs. I understand as a participant and/or a spectator, that Minor may be included in videotapes or photographs taken during the Activities. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Flip Fest Camp, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as part of the Activities, in advertising and promoting the Activities or advertising and promoting similar Activities. I further understand that neither Flip Fest Camp nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Signature of Parent or Legal Guardian: X _____ Date: _____

*****Check-out Camper Release on Friday.** Your child(ren) will ONLY be allowed to be checked-out at the end of camp by below listed adults. Please list here all adults 18 and over that you are giving permission to check your child(ren) out of camp. Said adults will need to show a driver license to prove identification:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

****A front and back copy of your child's health insurance card MUST accompany this form****