



If you have a medical condition that may require the assistance of the camp nurse, it is your responsibility to communicate this information to the nurse ahead of time...heart condition, diabetes, allergies, etc.

**MEDICAL TREATMENT RELEASE:** I assume responsibility for any medical or treatment/transport fees or costs incurred directly or indirectly because of my participation. I also authorize the representative(s) of Rotary District 5300, and Camp Cedar Crest to arrange for professional care and treatment in case of medical emergency. I hereby give permission to the physician selected by the Rotarian(s) or Camp Cedar Crest to hospitalize secure professional treatment for and/or to order injections, anesthesia and/or surgery.

Initial: \_\_\_\_\_

**INDEMNIFICATION/HOLD HARMLESS:**

In consideration of the Rotary Club, Rotary District 5300 and Camp Cedar Crest, I hereby assume the risk associated with participation & agree to hold the Rotary Club, Rotary District 5300, and Camp Cedar Crest, its committees, employees, as agents, as representatives, and volunteers harmless from any and all liabilities, actions, causes of action, claims or demand of any kind & nature whatsoever which may arise by or in connection with my participation in any activities related to the Teen Leadership Camp (TLC). The terms here shall serve as a release & the assumption of the risk, his or her heirs, estate, executor, administrator, and assignees as well as members of the family.

Initial: \_\_\_\_\_

A photocopy of this form is as valid as the original.

Initial: \_\_\_\_\_

I also take full responsibility for any valuables that I bring to this camp and give permission for Rotary to post pictures of my participation in this event in Rotary publications including on its WEB site.

A photocopy of this form is as valid as the original. **Initial** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Background check performed: \_\_\_\_\_