

**The New Hampshire Running Camp  
2015 RELEASE FORM**

**~ PLEASE MAIL THIS FORM TO US AND BRING A COPY TO THE CAMP ~  
No admittance to camp without a signed release form and photo copy of insurance card**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

My phone number while named camper is at camp, if different from above \_\_\_\_\_

Person to contact if I cannot be reached \_\_\_\_\_

Phone number of emergency contact person \_\_\_\_\_

The camp must comply with regulations of the NH Department of Public Health. Parents may request copies of background checks, health care and disciplinary policies.

**HEALTH & GENERAL HISTORY**

If the camper will be taking medication at camp, please indicate name of drug and usage:

\_\_\_\_\_

Please identify any medical condition or medical history that would require special attention:

\_\_\_\_\_

I hereby certify that the named camper is in good health, adequately trained, and fully able to participate in all activities of The New Hampshire Running Camp. I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in The New Hampshire Running Camp program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle those illnesses or conditions that the camper has had:

German Measles, Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, High Blood Pressure

<b><u>IMMUNIZATIONS</u></b>	<b><u>ALLERGIES</u></b>	<b><u>DRUG REACTIONS</u></b>
<b>(List dates)</b>	<b>(Yes / No)</b>	<b>(Yes / No)</b>
Tetanus Toxoid	Hay Fever	Sulpha
Polio Vaccine	Asthma	Penicillin
Tuberculin Test	Eczema	Antibiotics (type)
Mumps	Insect Stings	Aspirin
Measles	Other	Other
Rubella		

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Carrier Name: \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at The New Hampshire Running Camp. My medical insurance shall be the insurance coverage for any medical treatment. This waiver and release of liability includes, without limitation, any injuries and/or damages caused by equipment malfunction or failure, any slip or fall, and any negligent instruction or supervision by The New Hampshire Running Camp and their respective members, officers, directors, agents, servants, employees, trainers, staff contractors, and/or assigns (including without limitation Roy Harrison in an individual capacity).

I understand that The New Hampshire Running Camp retains the right to use for publicity and advertising purposes, photographs of campers taken at camp.

Signed \_\_\_\_\_ Date \_\_\_\_\_