

KDB Initiatives LLC

Camp Medical Information and Release for Treatment

Date of Camp: _____

Child's Name: _____

Date of Birth: _____

Parent(s)/Guardian(s) Name: _____

Home Address: _____

Telephone #: _____ Work #: _____ Cell#: _____

***If my child needs medical treatment while participating at KDB Initiatives LLC, I give my permission for treatment to be given immediately.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Insurance Information

Insurance Co: _____ Member's Name: _____

Group #: _____ Policy #: _____

ID#: _____ Service Code: _____

Medical Information

- 1) If your child is presently taking any medication, please indicate what type and why: _____

- 2) Please list any medication sensitivities: _____
- 3) Please list any allergies: _____
- 4) Please list your child's medical problems and/or significant injuries that the medical staff at KDB Initiatives LLC should be made aware of: _____

THANK YOU FOR YOUR COOPERATION IN FILLING OUT THIS IMPORTANT EMERGENCY INFORMATION

Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS – READ BEFORE SIGNING

IN CONSIDERATION OF _____, my minor child/ward (“my child”),

(Please fill in your child’s name)

being allowed to participate in any way in KDB Initiatives LLC, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. For myself, spouse and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child’s participation; and
3. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and
4. I myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event (“Releases”), with respect to any and all injury, disability, death, loss or damage to person or property incident to my child’s involvement or participation in these programs, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

(PARENT/GAURDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____