F001-RELEASE WAIVER-HEALTH HISTORY-HEALTH SCREENING
THIS FORM MUST BE COMPLETED FOR ALL INDIVIDUALS
(Due within 24 hours of Arrival - Must be completed and re-signed yearly)

PALOMAR CHRISTIAN CONFERENCE CENTER

General Release Waiver

The undersigned, or on behalf of said minor, has asked Palomar Christian Conference Center (hereinafter "PCCC") to be allowed to participate in the activities offered at PCCC. Activities may include but are not limited to Archery, Rifles, Paintball, Horseback Riding, and Challenge Course. The undersigned acknowledges that the activity involves physical exertion and other risks; is aware of the possibility of risk of injury to individuals participating or observing the activities, including, but not limited to permanent disability including blindness, loss of hearing, or death does exist; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any Staff Member, Wrangler, Range Master, Game Coordinator, or Referee; Understands that it is each participants responsibility to wear any safety gear deemed necessary by PCCC; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity; Permits PCCC to furnish a firearm for the purpose of instructing the participant in the safe handling of firearms and safe shooting and allowing the participant to utilize said firearm at PCCC's rifle range and acknowledges that an adult counselor must accompany all minors. Understands that a horse, regardless of its training and usual past behavior and characteristics, may act or react unpredictably at times based upon instinct or fright, and this is an inherent risk assumed by the participant. The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), defend, and hold PCCC harmless from and against any and all claims, liabilities, expenses, damages, losses, causes of action, and suits (including, without limitation, attorneys' fees and costs) arising out of, or any way related to the participation in activities at PCCC, whether caused by PCCC's active or passive negligence or otherwise.

Image Release Waiver

The undersigned also gives permission to PCCC to use any photographs and videos and audio of him/her, or said minor, for promotional materials, including the PCCC web site postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Medical Release Waiver

The undersigned also gives permission to the Health Supervisor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and give permission to release any records necessary for insurance purposes.

Emergency Contact: Mr. Mrs. Ms._____ Relationship: _____

Address:_____

City/State/Zip:_____

Home Phone:_____E-mail:_____@_____

Health Information: You may opt out by checking the following statement: ☐ I decline to provide personal health information.

Describe health conditions requiring medication (include dosage), treatment, special restriction or consideration while at PCCC:

_____

_____

Date of last shot:_____List any other immunizations & dates:_____

List any allergies:_____

Participant (print):_____Signature:_____Date:_____

Parent/Guardian (print):_____Signature:_____Date:_____

Health Supervisor's Statement: Screening to identify evidence of illness, injury, or disease has been completed. ☐YES ☐NO

Group Health Supervisor (Sign):_____ Date:_____