



General Permission Form

Participant Information:

Name _____

Address _____

City/State Zip _____

Group _____

Date of birth _____ Phone _____

Any limitations to participation? (physical, medical, behavioral) _____

Any allergies? (food, drug, environmental) _____

If food allergy: _____ Serious / life threatening
_____ Moderate / guest can self manage
_____ Mild / preference / guest can self manage

Other participation concerns? _____

Emergency Contact _____ Relationship _____

Phone numbers _____

Release and Waiver of Liability

I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Lantern Creek, recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. I understand that some activities may be strenuous and/or outdoors and agree that participation in any activity is fully voluntary. . As such, Participant assumes all risk of damage, loss, or injury which may arise from Participant’s participation in any activities at Lantern Creek. Furthermore, I waive, release and discharge any and all rights and claims which I may have or which may hereafter accrue to me against Lantern Creek and its trustees, officers, directors, employees, agents or representatives for any injury, harm, damages or death which may occur to the above Participant as a result of participation in these activities, and I hereby indemnify, release, save and hold harmless Lantern Creek and its trustees, officers, directors, employees, agents or representatives of said injury, loss, damages or death due to participation in such activities.

Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Lantern Creek to transport Participant as needed and to use a photocopy of this form as my authorization when necessary.

Lantern Creek may use the Participant’s photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant Signature/Legal Guardian (if minor):

Printed Name _____ Date _____