

# Activity Permission & Medical Release Form

## Camper Agreement – *This section the camper fills out-*

I \_\_\_\_\_ will obey all directions and rules given by the Cowboy Camp staff. If I break any rules, I understand that I could be sent home or not allowed to participate in certain activities during the remainder of camp.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

## Parent Permission-*The following section requires parental attention-*

My son/daughter \_\_\_\_\_ has my permission to participate in activities at the Cowboy Camp in Cuero, Texas, from July 30 – August 3, 2018. In the event of a medical emergency, I hereby give permission to the Chisholm Trail Heritage Museum Cowboy Camp Staff to secure proper treatment for the registered camper named on this form. I also agree to pay for any fees incurred, and I understand that Chisholm Trail Heritage Museum Cowboy Camp and its staff will not be held responsible or liable for any related expenses.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Emergency Information

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

## **In case of emergency, please first attempt to contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

## **Other emergency contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

CTHM Internet Website and Media Permission Slip

I hereby give permission to:

- 1. May we photograph your child? Yes [ ] No [ ]
- 2. May we publish your child photograph on the Website or Media? Yes [ ] No [ ]

\_\_\_\_\_ Date

\_\_\_\_\_ Date

Insurance Information

**THE CAMPER’S FAMILY INSURANCE PLAN IS THE PRIMARY SOUCE OF COVERAGE FOR ACCIDENTS.**

Medical Information

Family Physician:\_\_\_\_\_ Phone:\_\_\_\_\_

Activity Restrictions? \_\_\_\_\_

Allergies:\_\_\_\_\_

Medications:

Current Medications: \_\_\_\_\_

**Waiver Form:**

I hereby authorize the staff of Chisholm Trail Heritage Museum to act for me, according to its best judgment, in any medical emergency, and I hereby waive and release Chisholm Trail Heritage Museum from any liability or illness incurred while my child is attending the Cowboy Camp.

\_\_\_\_\_ Date

Signature of Parent/Guardian