TEEN QUEST RELEASE FORM (*COPIES MAY BE MADE)* REQUIRED FOR EACH PARTICIPANT PLEASE READ CAREFULLY AND SIGN

Our program and facilities are operated in a clean, safe manner. However, in case of illness or accident, we must have a Health History/Medical Consent Form completed and signed for each camper. Campers under age 18 must have signature of parent or legal guardian. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Teen Quest does NOT provide medical or hospital Insurance coverage.

Student Name_____ Phone _____ Age _____ D.O.B. _____ Sex____ Camper's Social Security # _____

Address _____ City _____ State _____ Postal Code_____ Email_____@_____

Parent/Guardian Name(s) _____ Day Time Phone (_____) _____ Evening Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact (other than parent)_____ Relationship to Camper_____ Phone (____)_____

Names of anyone other than parent/guardian authorized to pick up or sign camper out of camp. _____

Church _____ Pastor's Name _____ Youth Pastor's Name _____

CONFIDENTIAL Medical Information:

Do you carry family medical/hospital insurance? Y / N

Insurance Carrier_____ Policy #_____ Name of responsible party_____ Relationship to camper _____ Phone (____) _____

Name of Family Physician_____ Phone (_____)_____ Date of last Tetanus Shot_____ Are all immunizations up to date? Y / N

Has camper been recently exposed (within last 3 weeks) to any kind of communicable disease? Y / N

List any allergies or unusual ailments: _____

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities. _____

Please List ALL Allergies: Drug_____ Food_____ Insect/Plant_____ Diet Restrictions _____

List medications camper will require while at camp and reason for taking the medicine. _____

All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to First Aid to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English. We do not administer injections.

HORSEBACK RIDING I understand the horse to be well trained but realize the danger of horseback riding. I believe myself / my child to be of sound health with sufficient maturity to ride. I expect only the ownership and management of Teen Quest to allow me /my child to horseback ride at my /my child's own risk. Due to insurance, only 9 years and older can ride.

PAINTBALL COMPETITION I understand by my /my child's participation in the sport and activities of paintball that weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular equipment and personal discipline will minimize the risk, the risk of serious injury does exist. I expect only the ownership and management of Teen Quest to allow me /my child to participate in paintball at my own risk. Junior age students only participate in target practice.

ACTIVITIES Teen Quest program includes but not limited to: rock climbing, rappelling, hayrides, dune buggies, water sliding, boating, horses, paintball, Challenge Course, skate boarding, archery, mountain boarding, high ropes, trampoline, basketball, football, hockey, field games, snow tubing, snow boarding, ice hockey, snow mobile riding.

We are not responsible for loss or theft. Please do not bring alcohol, drugs, fireworks, knives, personal electronic equipment, or paintballs. You may bring your own paintball gun.

Cell phones will be allowed but limited to certain times of use.

PARENTAL/GUARDIAN AUTHORIZATION

By signing this form I give my informed consent to the First Aid personnel assigned by Teen Quest. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Teen Quest to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. This completed form may be photocopied for trips away from Teen Quest properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, electrolyte replacement fluids, analgesic balms and gels.

I have requested Teen Quest to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Teen Quest., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Teen Quest's camp and its activities, including losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims").

The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of American Arbitration Association.

I give my permission for pictures / videos in which myself or said minor child appears to be used in future camp brochures, flyers, videos, website, or the promotional literature published and used by the Teen Quest Ranch.

SIGNATURE OF PARENT / LEGAL GUARDIAN _____ DATE: _____ PRINTED NAME OF PARENT _____

SIGNATURE OF PARTICIPANT _____ DATE: _____
If over 18 years of age