

# LUTHERAN ISLAND CAMP & RETREAT CENTER – CAMP INDIANHEAD

## HEALTH AND RELEASE FORM

*Must be completed by parents or guardians of participants under 18 years old.  
This form is due at check-in, however if your child has a medical condition we should be aware of,  
please notify Camp 10 days before the start date of your camp.  
Please type or print legibly in black or blue ink.*

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
First Middle Initial Last Month/Day/Year

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### PARTICIPATION IN ACTIVITIES

I, the undersigned, hereby consent to participation of myself (or my minor child) in the programs, activities and events of Lutheran Island Camp, Inc., both on the camp premises and at off-site locations, including transportation to and from such off-site locations.

I hereby release and forever discharge Lutheran Island Camp, Inc., the Minnesota North District of The Lutheran Church—Missouri Synod, The Lutheran Church—Missouri Synod, their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during participation in programs, activities or events sponsored by Lutheran Island Camp, Inc.

### PUBLICITY RELEASE

I hereby give permission and consent to allow photographs, video images, and interviews of me (or my minor child) to be taken during participation in Lutheran Island Camp programs, activities and events. I further give permission and consent for any and all such photographs, video images, and interviews to be published by and used to illustrate and promote Lutheran Island Camp, the Minnesota North District of The Lutheran Church—Missouri Synod, and the National Lutheran Outdoors Ministry Association. **Please check one:**  YES  NO

### EMERGENCY CONTACT INFORMATION

Name of Custodial Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
*(Different from above)*

Relationship to Camper: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ ID Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Dental Insurance Company: \_\_\_\_\_ ID Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

