



NORTHLAND CAMP AND CONFERENCE CENTER

Adult Liability Release Form

Full Name:	Birthdate:
Name of Organization/City/State:	
Gender:	
Address:	
City/State/Zip:	
Phone:	
E-mail address (Required):	

For promotional purposes, Northland Camp and Conference Center reserves the right to use any photographs taken while you are at camp.

Consent to Release of Liability

I understand that there are certain inherent risks in any activity, including challenge course involvement. In consideration of myself and/or my child(ren)'s participation in these activities, I, for myself, spouse, and heirs, agree to release Northland Mission, Inc. and any affiliate partners from any and all claims, demands, or actions on account of damage to personal property or injury which may result from participation in the rental and/or activities. I acknowledge and accept the risk of injury and property damage associated with this agreement. I indemnify, defend, and hold harmless Northland Mission, Inc. for any injuries or damages that result from these activities or rentals. I assume full responsibility for any property damage I cause. This release includes claims based on the negligence of Northland and their staff, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Please fill out both sides of the form

Consent to Release of Information

I agree that any health information provided to any medical staff member, whether provided directly by me, my child(ren) or from other sources, may be released as deemed necessary by Northland for the purpose of taking appropriate precautions to prevent harm to my child(ren) or others arising from any physical or mental condition my child(ren) may have. I understand the information that may be disclosed may include, but not be limited to, diagnoses, medications, mental health, communicable disease status (including HIV status), treatments, and laboratory findings; but any release of such information will be limited to those details Northland deems necessary to take appropriate safety precautions. I also understand that Northland reserves the right to review any information given and to determine camper capability based on that information.

Consent to Emergency Examination and Treatment

I understand that every effort will be made to contact parents or guardians or participants in the event of an emergency. In the event that I cannot be reached, I hereby give permission to the physicians selected by Northland to hospitalize; secure proper treatments; and order injection, anesthesia, or surgery for myself and/or my child(ren) as named. I consent to examination and treatment of my child(ren) through Northland Health Center personnel employed by Northland Mission, Inc. (Northland). I assume all financial responsibility for such treatment.

Emergency Contact & Phone Number:		
Participant's Name(s):		
Signature:		
Date:		
Insurance Information:	Insured By:	Policy Number: