

## Release of Claims and Waiver of Liability

The undersigned applicant acknowledges, understands, and agrees that as to the contemplated trip with Expeditions Unlimited:

- 1. There are unique physical demands and risks involved in all activities;
- 2. Activities can be of a dangerous nature and may result in serious injury including, but not limited to, dislocations, broken bones, lacerations, abrasions, bruising, strains, sprains, etc. from falling, slipping, crashing or colliding. Paralysis, distress, damage or death can result by participation in any activity.
- 3. That instructions given must be followed for ongoing participation and safety of the applicant; and
- 4. That Expeditions Unlimited, Ltd. retains the right of final approval of all participants and the right to terminate a participant's involvement in a trip at its discretion.
- 5. The Expeditions Warrior Challenge is an optional activity which entails unique physical demands and risk of injury to participants. I acknowledge these risks and give permission for my child to participate in this activity if they choose to do so.

In consideration of conducting the trip and based on the above, Expeditions Unlimited, Ltd., it's officers, directors, shareholders, employees, agents and their heirs, executors and assigns are released as to any and all claims for damages, including but not limited to injuries, whether to person or property, known or unknown that the undersigned has or may have in the future arising out of and in connection with the contemplated trip.

I hereby authorize Expeditions Unlimited to consent to emergency medical or dental care for me or my child while attending Expeditions Unlimited.

#### Release as to Photographic, Movie and Video Images

The undersigned irrevocably consents to and authorizes the use and reproduction of any and all photographic and video images taken during the trip. The use and reproduction of images is at the discretion of Expeditions Unlimited whether for advertising, promotional or other legal purposes without additional consideration or compensation to the undersigned. Originals and copies or images are and will remain the sole property of Expeditions Unlimited, Ltd.

### **Applicant Information**

Complete the following information for each member of your household participating in the trip with Expeditions Unlimited.

Address	Applicant's Signature	Date of Birth
	Applicant's Signature	Date of Birth
City/Sate/Zip		
	Applicant's Signature	Date of Birth
Phone	Applicant's Signature	Date of Birth
	Applicant's Signature	Date of Birth
Church/Organization:		
Parent or Guardian Signature		Date//
*Required if applicant is under 18 years of age		



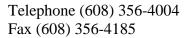
Parental Signature:\_\_\_\_\_

## CAMP HEALTH EXAMINATION FORM

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

\_\_ Date:\_\_\_

Name:		Birth date:	Ge	nder: M:F:	_ Age:		
Last	First	M. Init.					
Name of Parents/Guardians			DI	(			
(or spouse):			Phone:()				
Home Address:	·····						
Street		Ci	ity	State	Zip		
Email Address:							
Church/Organization:							
If not available in an emergeno	cy please notify:						
1.				Phone: ()			
Name		Relation	Relationship				
2.							
Name	Chec	Relationship  Check all that apply, giving approximate dates					
Health History	Date	Allergies	Date	CS Disease	s Date		
Frequent Ear Infections	24.0	Hay Fever	2	Chicken			
Heart Defect/Disease		Poison Ivy, etc.		Measles			
Convulsions		Insect Stings			Measles		
Diabetes		Penicillin		Mumps			
Bleeding/Clotting Disorder	rs	Other Drugs		Asthma			
Allergies (describe reactions/tr							
Operations or serious injuries	and dates:						
Chronic or recurring illnesses:							
Dentist/Orthodontist:				hone: ()			
Family Doctor:			 F	Phone: ()			
Medical/Health Insurance Cor	nnanv•		Policy or	Group #•			
IMPORTANT: Please notify us							
and outflict. I lease notify us		ll medications must be in or			prior to unclums.		
		Administer at:					
Medication 1:	Dosage:	(Check all that apply)	□dinner □ l	oed other	Reactions:		
Physician:	RX#:	Route o	of Administrati	on:	Date:		
		Administer at:	☐breakfast ☐1	unch			
Medication 2:	Dosage:	(Check all that apply)		oed other	Reactions:		
Trodication 2.	Dosage.	(Check an that apply)		oca 🗀 ourer	reactions.		
Physician:	RX#:		of Administrat		Date:		
	If more medication	ns are necessary please use	the back of th	us form)			
	IMPORTANT: M	IUST BE COMPLETED F	OR ATTEND	ANCE			
Parental Authorization. This h					mission to engage in		
all prescribed activities. In the e							
Unlimited staff to order X-rays,							
emergency, I also give permission							
for, to order injection and/or ane				to nospitanze, sec	are proper treatment		
ioi, to order injection and/or and	saicsia and/or surge	Ty for my child as hamed ab	OVC.				





# Food Allergy Action Plan THIS FORM IS DUE BACK NO LATER THAN 2 WEEKS BEFORE YOUR RETREAT

Completion of this form is necessary only if participant has a food allergy

as, or other lifestyle choices. If you have a food allergy, we
ommodate your needs) Phone #:
Phone #:
Phone #:
CASE OF AN ALLERGIC REACTION THAT APPLY
General First Aid  Observe for 30 minutes  Notify Parents Administer oral medication And Name Dosage Dosage
☐ Administer adrenaline (Epi Pen) ☐ Immediately ☐ If symptoms occur (describe)
Student can self-administer Epi Pen? Yes No  If Epi pen is administered, an ambulance, then parents will be notified
will be notified
specialized meals for participants but we can provide a udents of the ingredients found in prepared food.  prior to scheduled arrival date.