

Cultivate, Inc. Medical Release Form (adult)

Senior High School Guys Campout - April 8-10 2021

I, _____, have agreed to participate in the retreat known as: Senior High School Guys Campout, on April 8-10, 2021, which is an event of Cultivate, Inc. (Herein understood as Cultivate, Inc. the non profit corporation of the State of Georgia with principle office located at 533 Minix Rd, Sharpsburg, Georgia): I understand that insurance coverage for accidental injury or sickness will not be provided by Cultivate, Inc., and I agree that I will be responsible for any medical expenses that might be incurred because of accident or illness.

I hereby release Cultivate, Inc., its agents, employees, or volunteer workers from any liability for accidental injury or sickness which may occur to me while participating in the above activity, including transportation to and from. I also give my consent to the sponsors to authorize emergency medical treatment, if I am unable to, while trying to contact my emergency contact at one of the phone numbers listed below.

I understand that Cultivate, Inc., will be taking me to do several activities at a camp area hosted by others and on a hiking exploration. I understand the potential dangers of these activities and will not hold Cultivate, Inc., liable if something were to happen to me.

If I am required to leave in advance of the time of any furnished transportation, either for medical reasons or other, then I agree to arrange and pay for that return transportation.

SIGNED this day of _____, 20_____

Signature

Print Name

Age: _____ Home Phone: _____ Cell Phone: _____

If applicable, list any Medical Problems or Allergies:

Name & Phone Number of Doctor: _____

Name of Insurance Company: _____

Group Name: _____

Policy Number: _____

Group/Subscriber Number: _____

Date Effective: _____

Emergency Contact Person: _____

Emergency Contact's Day and Evening Numbers: _____