

# Cultivate, Inc. Medical Release Form (minor)

## *Senior High School Guys Campout, April 8-10, 2021*

I, \_\_\_\_\_, hereby give my consent for my student,  
\_\_\_\_\_, 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 my student while participating in the above activity, including transportation to and from. I also give my consent to the sponsors to authorize emergency medical treatment while trying to contact my emergency contact at one of the phone numbers listed below.

I understand that Cultivate, Inc., will be taking my student to 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 my student.

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

SIGNED this day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Print Name

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

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: \_\_\_\_\_