



PROBE MINISTRIES INTERNATIONAL

Authorization for Treatment, Release of Claims, and Acknowledgment of Risk

PARTICIPANT INFORMATION

Student Name (Last) _____ (First) _____ Date of Birth ____/____/____ Age ____
Sex: M | F (circle one)

Home Address: _____ City: _____ State: _____ ZIP: _____

Parents'/Guardians' Names: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Student Cell Phone: _____ Parent Cell Phone: _____

Home Phone: _____ Work Phone: _____

In Case of Emergency, Contact (other than immediate family): _____ Phone: _____

MEDICAL PROFILE

Generally, my health is: (check one) Excellent Good Fair Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are CURRENTLY being treated: _____

List any medications you are CURRENTLY taking: _____

List any medicines or substances to which you are ALLERGIC: _____

Date of last Tetanus Booster: ____/____/____

I understand that all medications, prescription and non-prescription, will be collected, kept, and administered by the camp nurse Probe Ministries has hired. I authorize the Probe camp nurse to administer the following non-prescription medications, according to medication directions, and if deemed necessary (please check):

Ibuprofen	YES _____	NO _____	Acetaminophen	YES _____	NO _____
Decongestant	YES _____	NO _____	Dramamine	YES _____	NO _____
Imodium AD	YES _____	NO _____	Benadryl	YES _____	NO _____

Family Physician and Phone: _____

Insurance Company: _____ Address: _____ Policy/Group #: _____

Subscriber Name: _____ Subscriber Number: _____ Phone: _____

RELEASE OF CLAIMS AND ACKNOWLEDGEMENT OF RISKS

It is the intention of _____ (Participant/Parent or guardian name if student is under 18) by this agreement to voluntarily release, forever discharge, and agree to exempt, relieve, indemnify and hold harmless Probe Ministries, its agents, employees, volunteers, and all other persons or entities acting in any capacity on its behalf, (hereinafter referred to as "Probe"), with the expressed exclusion of its liability insurer whose purpose is to help named student and family become restored financially, from any and all claims, demands, causes of actions, or liability for personal injury, property damage or wrongful death of _____ (participant/student name) which are in any way connected with my/my child's participation in any activity, observance or use of Probe's camp facilities or equipment, or engaging in or receiving instructions in any activities or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue, including any such claims that are caused by any act of negligence.

I hereby grant permission for myself/my child, _____, to participate in Probe Mind Games Camp 2022, and I hereby agree as follows:

I understand, Probe has difficult jobs to perform. They seek safety, but they are not infallible. They might not be aware of a participant's fitness or abilities. They may give insufficient warnings or instructions, and any equipment being used might malfunction. I expressly agree and promise to accept and assume all of the risks existing in activities occurring as a result of events, programs, and activities under the implementation of Probe. My/my child's participation in any activity is purely voluntary, and I/they elect to participate in spite of the risks, some of which may involve dangers and risk of bodily injury. I certify that I have insurance to cover injury or damage I/my child may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that I/my child has no medical or physical conditions that could interfere with my/their safety, or else I am willing to assume and bear the cost of all risk that may be created, directly or indirectly, by any such conditions. Furthermore, should it be necessary for my child to return home for disciplinary reasons, I hereby assume responsibility for all transportation costs.

AUTHORIZATION FOR TREATMENT

I, the undersigned, for and on behalf of myself/my child under 18 years of age give consent to any x-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician and/or surgeon. This authority also extends to any x-ray, examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a licensed dentist for myself/my child. I also assume personal responsibility for all medical bills and do certify I have secured primary medical insurance. Further, should it be necessary for myself/my child to return home for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

By signing this release and authorization, I acknowledge that if I or my child is hurt or any property is damaged during their participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Probe on the basis of any claim from which I have released it herein. I have had sufficient opportunity to read this entire release and authorization. I have read and understand the release and authorization, am fully aware of and understand the terms and the legal consequences of the signing of this release, and agree to be bound by its terms. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by the law and if any portion of the release and/or authorization is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

NOTARY PUBLIC

On this date, the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (_____/_____/_____).

_____ Notary Public | My commission expires ____/____/_____.