



# Camper Release Form

Upon placement of \_\_\_\_\_ under the care of Camp Courageous of Iowa, I the undersigned parent, guardian, or camper hereby give permission for medical, dental, and surgical care including all inoculations and injections as needed while under the care of Camp Courageous of Iowa. Every effort will be made to contact parent or guardian prior to treatment. Any medical or dental care must be paid by the parent, guardian, or camper. The health history is correct to the best of my understanding. This individual has permission to participate in all prescribed camp activities including adventure activities such as superzip, burma bridge, caving, pony rides, etc. except as noted. Staff under the direction of the camp nurse may distribute medication away from base camp. This individual is medically stable and I understand that if he/she comes medically unstable or is a danger to self or others the campers may be sent home.

I hereby release Camp Courageous of Iowa, its board, employees and volunteers exempt from any liability for personal injury, property damage or wrongful death arising out of the use of Camp Courageous' recreational facilities, both natural and man-made. I will not hold Camp Courageous responsible for any damage to or loss of this individual's personal property, including eye glasses, dentures and hearing aides. I hereby give my consent for this individual to be photographed for use in the proper interest of the camp.

Legal  
Guardian's  
Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Camper's  
Signature: \_\_\_\_\_

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

This camper is his/her own legal guardian.