



Medical & Liability Release for Oasis Christian Center, Inc.

Participant's Name: _____ Participant's Date of Birth: _____

Name of Parent(s) or Guardian(s): _____

Contact Number(s): _____

HEALTH INFORMATION

Family Doctor: _____ Doctor's Contact Number: _____

Insurance Carrier: _____ Policy Number: _____

Known Medical Conditions: _____

Known Food or Medicine Allergies: _____

I understand that by signing this document I assume and accept responsibility for any and all risks, whether or not specially itemized herein, to include travel to and from activities and facilities, and I acknowledge that Oasis Christian Center, Inc. and all related parties that Oasis represents or contracts with shall be held harmless and blameless in the event of any mishap. I understand that retreat and recreation activities which are a part of camps or retreats at Oasis may involve some risk of injury or death from various hazards, both obvious and obscure, including but not limited to, injury by acts of other group participants, falling, being struck by falling objects, equipment failure, and other risks or occurrences not set forth in this agreement. I am prepared and aware of the possibilities of risks and will not look to any entity or individual nor hold them responsible for my or my child's well-being or the protection from such risks whether or not those risks are known or unknown by those organizations or individuals. **FOOD ALLERGIES OR DIETARY RESTRICTIONS:** Oasis cannot accommodate ALL allergies and dietary restrictions; and we cannot prevent, nor guarantee, a cross-contamination-free environment. Our food service team makes every effort to accommodate certain food allergies and dietary restrictions, but doing so is at the discretion of our kitchen staff. Individuals with severe allergies are encouraged to bring their own food. **PHOTOS, VIDEOS, ETC.:** By signing this I give permission to Oasis to use any photos or video footage which includes myself, my child or other family members for online or promotional purposes. I also give permission to use any written quotes for promotional purposes. **WIFI:** I also take full responsibility for any and all of my child's internet activity. Should Oasis Christian Center, Inc. or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Oasis Christian Center, Inc. harmless for all such fees and costs. In the event of an injury or accident, I authorize Oasis Christian Center, Inc. to seek any medical or dental treatment necessary for my child on my behalf.

Parent/Guardian Name (print): _____ Relationship: _____

Parent/Guardian Signature: _____ Date Signed: _____

This form is REQUIRED upon arrival in order for your child to attend.