

BURNAMWOOD APPALACHIAN MINISTRY AT

BURNAMWOOD CAMP AND CONFERENCE CENTER



BURNAMWOOD
APPALACHIAN
MINISTRY



MAILING ADDRESS: PO BOX 23580, LEXINGTON, KENTUCKY 40523

PHYSICAL ADDRESS: 900 CAMP BURNAMWOOD ROAD, IRVINE, KENTUCKY 40336

MOBILE PHONE: 859.494.9113 | LANDLINE PHONE: 866.723.2572

INFO@BURNAMWOOD.NET | WWW.BURNAMWOOD.NET

PARTICIPANT NAME

PARTICIPANT'S GUARDIAN(S) (IF UNDER 18)

ADDRESS

TELEPHONE NUMBER

ADDITIONAL TELEPHONE NUMBER

EMAIL ADDRESS

EMERGENCY CONTACT NAME (OTHER THAN PARENT/LEGAL GUARDIAN)

PHONE NUMBER

ADDITIONAL PHONE NUMBER

RELATIONSHIP

PLEASE MARK YOUR EXPERIENCE WITH THE FOLLOWING AREAS

	NO EXPERIENCE	LIMITED EXPERIENCE	COMFORTABLE	PROFESSIONAL <small>(by marking this, you're acknowledging that this is what you do/did for a living)</small>
CARPENTRY				
MASONRY				
FLOORING				
PAINTING				
ROOFING				
CLEANING				

INSURANCE

HEALTHY INSURANCE COMPANY AND POLICY NUMBER
NAME OF INSURED AND RELATIONSHIP

MEDICAL INFORMATION

PRIMARY PHYSICIAN
PHYSICIAN PHONE NUMBER

PLEASE MARK ALL THAT THE PARTICIPANT HAS BEEN IMMUNIZED FOR

MEASLES	
MUMPS	
RUBELLA	
CHICKEN POX	
MENIGITIS	

HEPATITIS A	
HEPATITIS B	
HEPATITIS C	
POLIO	

DATE OF LAST TETANUS SHOT

____ / ____

MEDICAL INFORMATION, CONTINUED

KNOWN ALLERGIES					
KNOWN FOOD ALLERGIES					
DIETARY RESTRICTIONS					
ACTIVITY RESTRICTIONS					
CURRENT HEALTH ISSUES					
	YES	NO		YES	NO
RECENT INJURY/ILLNESS/INFECTION			HISTORY OF DIABETES		
CHRONIC OR RECURRING CONDITION			FREQUENT HEADACHES OR MIGRAINES		
HISTORY OF SLEEPWALKING			HISTORY OF SEIZURES		
HISTORY OF EATING DISORDER			DIAGNOSED WITH A HEART MURMUR		
HISTORY OF EMOTIONAL DIFFICULTIES			EVER BEEN KNOCKED UNCONSCIOUS		
EVER SUFFERED HEAD INJURY			HISTORY OF HIGH BLOOD PRESSURE		
HISTORY OF ASTHMA			SUFFERED A CONCUSSION		

IF YES, PLEASE EXPLAIN:

MEDICATIONS CURRENTLY TAKING THAT MAY BE RELEVANT DURING WORK WEEK
(INHALER, EPI-PEN, ETC)

OVER THE COUNTER MEDICATIONS

	YES	NO		YES	NO
ACETAMINOPHEN			COUGH SPPRESSANT		
IBUPROFEN			ANTIBIOTIC OINTMENT		
HYDROCORTISONE OINTMENT			CALAMINE LOTION		
ANTIHISTAMINE			IMMODIUM		
ANTACID			DECONGESTANT		
NAPROXEN			PINK BISMUTH		

PERMISSION TO TREAT WITH OVER-THE-COUNTER MEDICATIONS

I hereby give permission for Burnamwood Appalachian Ministry staff to administer the following over-the-counter medications when deemed necessary. Dosages will be administered according to directions on the package unless directed otherwise. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a ".pdf" format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.

PARTICIPANT NAME

DATE

SIGNATURE

DATE

PARENT/GUARDIAN NAME

DATE

PARENT/GUARDIAN SIGNATURE

DATE

PERMISSION TO TREAT, MEDICAL RELEASE OF LIABILITY (PARENT/GUARDIANS)

"Adult" means the undersigned adult, being at least 18 years old, signing on behalf of himself/herself and/or the undersigned parents and/or legal guardian, signing on behalf of the minor below. "Undersigned" means the Adult and Minor collectively. "Burnamwood" means, collectively, Burnamwood Camp and Conference Center, which includes the facilities, programs, and paid and unpaid staff. I, the undersigned, acknowledge and agree that as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, and/or my child give permission for the undersigned to attend and participate in the Burnamwood event for which I have registered. I, the undersigned, acknowledge and agree that as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, and/or my child acknowledge that if the undersigned is injured and requires first-aid attention and/or the aforementioned over-the-counter medications, that Burnamwood may administer first-aid and/or the indicated medications. Furthermore, I, the undersigned, agree to hold Burnamwood and its representatives free and harmless of any claims, demands, or suits for damages arising from the giving such consent. I, the undersigned, also understand that I am responsible for payment of hospital and/or medical bills incurred to such treatment. I, the undersigned, acknowledge and agree that as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, and/or my child acknowledge that if the undersigned is injured and requires the attention of a doctor, appropriate steps will be taken to attempt to contact me as the legally authorized guardian, based on the information I, the undersigned, have provided, before treatment is given. IN THE EVENT I CANNOT BE REACHED when the attention of a doctor is needed or in the event of another emergency. I, the undersigned do hereby give permission to the physician selected by the Burnamwood Staff or the chaperone of the group I am attending the Burnamwood Appalachian Ministry with to hospitalize, secure proper medical treatment for, and order injection, anesthesia, or surgery for the undersigned. Furthermore, I, the undersigned, agree to hold Burnamwood and its representatives free and harmless of any claims, demands, or suits for damages arising from the giving such consent. I, the undersigned, also understand that I am responsible for payment of hospital and/or medical bills incurred to such treatment. I, the undersigned, affirm that all personal, health and insurance information provided on this form is, to the best of my knowledge, accurate as of the date written below and that, I am solely responsible for providing Burnamwood with changes to the personal, health, and insurance information recorded on the form. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a ".pdf" format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.

PARENT/GUARDIAN NAME

DATE

PARENT/GUARDIAN SIGNATURE

DATE

RELEASE OF LIABILITY AGREEMENT

I understand I, the undersigned, am partaking of the services offered by Burnamwood Camp and Conference Center and the Burnamwood Appalachian Ministry, both missions of the Presbytery of Transylvania, by my own choosing and that there are certain risks and dangers including, but not limited to: hiking, climbing, riding, playing, swimming, boating, running, campfires, construction work, traveling or other physical activity at Burnamwood and at Burnamwood Appalachian Ministry worksites; accident or illness; accident or illness in remote places without medical facilities, damage or loss of equipment; and the forces of nature. In consideration of, and as part payment for, the right to participate in any activities and to use equipment, services or food provided by Burnamwood Camp and Conference Center, Burnamwood Appalachian Ministry, its agents, associates, or contractors, and the Presbytery of Transylvania, its agents, associates, or contractors, I, the undersigned, and the aforementioned organization/group do hereby assume all these risks, including the risk of simple negligence and do release and discharge for my heirs, executors, administrators, and assigns Burnamwood Camp and Conference Center, Burnamwood Appalachian Ministry, the Presbytery of Transylvania, its board of directors, its agents, associates, or contractors from all claims, demands, or causes of action which may arise because of, or in connection with my and my organization/group's participation. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a ".pdf" format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.

 PARTICIPANT NAME

 DATE

 SIGNATURE

 DATE

 PARENT/GUARDIAN NAME

 DATE

 PARENT/GUARDIAN SIGNATURE

 DATE

PHOTO RELEASE (MINORS)

I hereby give my consent to use any photographs or video taken of the above named individual for publication to promote the Burnamwood Appalachian Ministry. I do hereby release Burnamwood Camp and Conference Center for any claim whatsoever which may arise in said regard. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a ".pdf" format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.

 PARENT/GUARDIAN NAME

 DATE

PHOTO RELEASE (PARTICIPANTS)

I hereby give my consent to use any photograph or video taken of me personally for publication to promote the Burnamwood Appalachian Ministry. I do hereby release Burnamwood Camp and Conference Center for any claim whatsoever which may arise in said regard. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a ".pdf" format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.

 SIGNATURE

 DATE