



# Wolf Mountain

CONFERENCE ASSOCIATION

*A Quality Facility for Christ-Centered Retreats,  
Summer Camp, Outdoor Education and Horsemanship Programs*

## Release Form

**Please read carefully, sign and date**

### **Parent or Guardian signature is required in order for child to participate in camp!**

(Note to online registrants: While the release was accepted online, a signed copy is also required for our records.)

**MEDICAL RELEASE:** This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Camp activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to hospitalize, secure proper treatment for, and to order injection and/or surgery for the camper named on the reverse side of this form. I understand that Wolf Mountain Conference Association does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any and all such fees and charges arising from illness or injury that may occur. This completed form may be copied for transportation record.

**LIABILITY RELEASE: (AS REQUIRED BY OUR INSURANCE):** The undersigned, for himself or herself and personal representatives, assigns, heirs and next of kin (herein referred to as releasors), hereby releases, waives, discharges and covenants not to sue Wolf Mountain Conference Association, it's agents, servants and employees (herein referred to as releasees) from all liability to the releasors for all loss or damage and any claim or demands on account of injury to the person or property or resulting death of the releasors, whether caused by the negligence of releasees or otherwise while participating in activities associated with Camp to the fullest extent of the law. The undersigned is fully aware of the inherent hazards and hereby elects to participate voluntarily and assume all risks of loss, damage or injury that may be sustained by him or her.

**OFF CAMP RELEASE:** The previously named camper has my permission to be transported for medical care or to participate in programs conducted off the Wolf Mountain grounds. It is understood that these programs are fully supervised by qualified camp staff.

**PUBLICITY RELEASE:** Permission is hereby granted to use photos of, quotes from and likeness' of the previously named camper in brochures, flyers, letters, newsletters, radio ads and video tapes for marketing purposes by and for Wolf Mountain Camps.

Camper's Name (Print) \_\_\_\_\_

Releasor's Signature (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Send completed form to Wolf Mountain Camps.

Fax to: (530) 273-2719

Mail to: Wolf Mountain Camps  
Attn: Registrar  
16555 Jericho Rd.  
Grass Valley, CA 95949