

Alan Keown Summer Camps

2510 Debra Drive
Springfield OR, 97477
(541) 554-5992

MEDICAL RELEASE FORM & LIABILITY WAIVER

Please complete this form and turn it in at camp check in. Each camper must have this form on file with the camp director.

MEDICAL RELEASE STATEMENT: I hereby authorize the camp officials to have my son or daughter or myself treated by local medical personnel for any medical problems which may arise while attending any Alan Keown, Scott Reese or Superior Leadership Summer Camp. I also authorize the appropriate medical personnel to admit my son or daughter or myself to the local hospital.

PARENT OR GUARDIAN SIGNATURE
CAMPER SIGNATURE (IF OVER 18)

DATE

PLEASE PRINT:

Name of camper attending camp: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Insurance Carrier: _____ Group Number: _____

Special medical problems or allergies: _____

LIABILITY WAIVER

I agree to hold Alan Keown, Scott Reese, Yamaha Drum Company, Pacific Winds, Pro-Mark, Drumstick Co., Remo, Sabian, and Camp Serene free from any liability for any injury, accident, or property loss of any kind while my son or daughter or I am in attendance at any Alan Keown, Scott Reese, or Superior Leadership Summer Camp.

PARENT OR GUARDIAN SIGNATURE
CAMPER SIGNATURE (IF OVER 18)

DATE