

# Alan Keown Summer Camps

Lutheran Retreat / Camp Serene  
91707 Poodle Creek Road  
Noti, OR 97461  
(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 Scott Reese Leadership Summer Camp. I also authorize the appropriate medical personnel to admit my son or daughter or myself to the local hospital.

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

\_\_\_\_\_  
(Date)

### PLEASE PRINT:

Name of person 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, Sabian Cymbal Company, Vic Firth Drumstick Co., Remo Corporation 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 Scott Reese Leadership Summer Camp.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE or CAMPER SIGNATURE (IF OVER 18)

\_\_\_\_\_  
DATE

# Scott Reese Leadership Camp and Alan Keown Drum Camp Photo Release

I hereby grant Scott Reese Leadership Camp permission to use my likeness in a photograph, video, or other media in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Scott Reese Leadership Camp.

I hereby authorize the Scott Reese Leadership Camp to edit, alter, copy, exhibit, publish or distribute any photos, video, or other media obtained during the week of camp for purposes of publicizing the Scott Reese Leadership Camp's programs.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

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(Signature)

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(Date)

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(Printed Name)

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(Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or legal guardian of \_\_\_\_\_, and do hereby give my consent without reservation to the foregoing on behalf of this person.

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(Parent/Guardian's Signature)

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(Date)

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(Parent/Guardian's Printed Name)

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(Date)