

Smoky Mountain Adventure Camp Medical Release & Permission to Participate

I hereby give my permission for necessary medical attention to be administered to my child
Child's Name: _____

In the event of an accident, injury, or sickness, please follow the directions of the person(s) listed below until I can be contacted. This release is effective for the period _____ of to _____. I will assume the responsibility for costs associated with treatment.

My Home Address: _____
My Home Phone: _____
Insurance Company: _____
Policy Number: _____
My Child's physician/number: _____

If I cannot be reached, the person(s) listed below will act as my designee.

1. George Spier, Camp Director _____(Initial)
2. Susan Spier, Camp Director _____(Initial)

Parent's Signature: _____ Date _____

While attending Smoky Mountain Adventure Camp, my child has permission to participate in all activities listed below. The Camp directors are granted permission to sign all release forms required by individual outfitters.

Parent's Signature: _____ Date _____

Please Initial each Activity below:

Swimming _____

Backpacking _____

Rafting _____

Canoeing _____

Horseback Riding _____

Rock Climbing _____

Biking _____

Rappelling _____

Caving _____

Tubing _____