

Release of Claims and Waiver of Liability

The undersigned applicant acknowledges, understands, and agrees that as to the contemplated trip with Expeditions Unlimited:

- 1. There are unique physical demands and risks involved in all activities;
- 2. Activities can be of a dangerous nature and may result in various types of injury including, but not limited to the following: Sickness, exposure to infectious/communicable disease, dislocations, broken bones, lacerations, abrasions, bruising, strains, sprains, etc. Paralysis, distress, damage, or death can result by participation in any activity.
- 3. That instructions given must be followed for ongoing participation and safety of the applicant; and
- 4. That Expeditions Unlimited, Ltd. retains the right of final approval of all participants and the right to terminate a participant's involvement in a trip at its discretion.
- 5. The Expeditions Warrior Challenge is an optional activity which entails unique physical demands and risk of injury to participants. I acknowledge these risks and give permission for my child to participate in this activity if they choose to do so.

In consideration of conducting the trip and based on the above, Expeditions Unlimited, Ltd., it's officers, directors, shareholders, employees, agents and their heirs, executors and assigns are released as to any and all claims for damages, including but not limited to injuries, whether to person or property, known or unknown that the undersigned has or may have in the future arising out of and in connection with the contemplated trip.

I hereby authorize Expeditions Unlimited to consent to emergency medical or dental care for me or my child while attending Expeditions Unlimited.

Release as to Photographic, Movie and Video Images

The undersigned irrevocably consents to and authorizes the use and reproduction of any and all photographic and video images taken during the trip. The use and reproduction of images is at the discretion of Expeditions Unlimited whether for advertising, promotional or other legal purposes without additional consideration or compensation to the undersigned. Originals and copies or images are and will remain the sole property of Expeditions Unlimited, Ltd.

Applicant InformationComplete the following information for each member of your household participating in the trip with Expeditions Unlimited.

Address

Applicant's Signature

Date of Birth

Church/Organization:

Date

Parent or Guardian Signature

^{*}Required if applicant is under 18 years of age



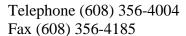
Parental Signature:_____

CAMP HEALTH EXAMINATION FORM

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

_____ Date:____

Name:		Birth date:	Gender: M: F	': Age:
Last	First	M. Init.	- 	-
Name of Parents/Guardians			D 1 ()	
(or spouse):Phone:		Phone:()	()	
Home Address:				
Street		City	State	Zip
Email Address:				
Church/Organization:				
If not available in an emerge				
1			Dh (`
1. Name		Relationshi		
			Phone: ()
Name		Relationshi		
		Check all that apply		
Health History		Allergies		
Frequent Ear Infections		•	included form)	
Heart Defect/Disease		Aspirin		
Asthma		•	oes:	
Diabetes		Penicillin		
Seizures		Other Drugs:		
Allergies (describe reactions	/treatment):			
Operations or serious injuri	es and dates:			
Chronic or recurring illness				
Family Doctor:			Phone: ()	
Medical/Health Insurance C	ompany:		Policy or Group #:	
		exposed to any communicable di		
32		Il medications must be in original	nal pill bottles!	1
		Administer at: ☐bı		
Medication 1:	Dosage:	(Check all that apply) di	inner bed other	Reactions:
Physician:	RX#:	Route of A	dministration:	Date:
		Administer at: □bi	reakfast 🗌 lunch	
Medication 2:	Dosage:	(Check all that apply)		Reactions:
		(encor un unu appi) / = ui		
Physician:	RX#:	Route of A	Administration:	Date:
	(If more medication	ns are necessary please use the	back of this form)	
		IUST BE COMPLETED FOR		
		rect so far as I know, and the per		
		cy, I hereby give permission to t		
		atment for the health of my child		
		elected by the Expeditions Unli		secure proper treatment
tor, to order injection and/or a	nesthesia and/or surge	ry for my child as named above	•	





Food Allergy Action Plan THIS FORM IS DUE BACK NO LATER THAN 2 WEEKS BEFORE YOUR RETREAT

Completion of this form is necessary only if participant has a food allergy

(We do not provide specialized meals for vegetarians, vegar	as, or other lifestyle choices. If you have a food allergy, we
will do our best to acco	
Physician:	Phone #:
Emergency Numbers Name:	Phone #:
Name:	Phone #:
This Occurs:	THAT APPLY General First Aid
This Occurs: My Child's allergic reaction includes:	General First Aid Observe for 30 minutes Notify Parents
 ☐ Swelling, itching raised skin rash ☐ Generalized body flush, swelling or itching ☐ Nausea, abdominal cramps, vomiting and/or diarrhea 	□ Administer oral medication And Name Dosage
☐ Itching and swelling of lips, throat, or tongue causing hoarseness, swallowing difficulty, coughing, wheezing or shortness of breath.	☐ Administer adrenaline (Epi Pen) ☐ Immediately ☐ If symptoms occur (describe)
 "Thready" pulse, "passing out" These signs may occur Within a few minutes 	Student can self-administer Epi Pen? Yes No
□ Within 30 minutes to 2 hours	If Epi pen is administered, an ambulance, then parents will be notified
The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.	
** Please Note: Expeditions Unlimited cannot provide	specialized meals for participants but we can provide a udents of the ingredients found in prepared food.
couple of additional options, as well as inform st. Please return this form 2 weeks	· · · · · · · · · · · · · · · · · · ·