OAK GLEN | Christian Conference Center

Oak Glen Christian Conference Center Release of Liability and Medical Consent Form

Adult

In order to comply with state laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person over the age of 18 attending activities held at the Oak Glen Christian Conference Center (OGCCC). Please be aware that OGCCC does NOT provide medical or hospital insurance coverage.

Name _____ DOB _____ Gender _____ Ht ____ Wt _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-Mail _____ Date(s) at OGCCC _____ Name of Group _____

Emergency Contact _____ Phone _____

Medical Information:

Are you covered by medical/hospital insurance? Yes ☐ No ☐

Insurance Carrier _____ Policy # _____

Name of Responsible Party _____

Address _____ Phone _____ Relationship to Camper_____

Name of Family Physician _____ Phone _____

Date of Last Tetanus Shot _____ Are all immunizations up to date? Yes ☐ No ☐
**If no, please attach explanation*

Has Camper recently been exposed (within last 3 weeks) to any kind of communicable disease? _____

Because of the terrain, altitude, and program involvement, OGCCC is not designed to accommodate and may not provide a safe camp experience for those with special needs. If you have ANY chronic condition, including any of the following: Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or require injections of any kind, notify your group leader and ask if your group has the level of medical supervision required for your condition(s). If a guest with special needs comes to OGCCC without appropriate medical supervision, the group or party may be asked to return the guest to his/her home.

Adult Release of Liability and Medical Consent Form

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities:

_____

Please list ALL allergies:

Drug _____ Insect/Plant _____

Food _____ Diet Restrictions _____

List medications you will require while at camp and reason for taking the medicine:

_____

By signing this form I give my informed consent to the First Aid personnel assigned by OGCCC who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures, which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a guest with greater healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize OGCCC to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by OGCCC to secure and administer any and all medical treatment deemed necessary for me, including hospitalization. This completed form may be photocopied for trips away from OGCCC's properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____.

I authorize OGCCC to allow myself to participate in any and all activities that may include but are not limited to those outlined in the camp brochure and/or web site. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose myself to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless Southern California Blending Center, Inc., and Oak Glen Christian Conference Center, their affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my participation in OGCCC's camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and all Released Claims. I grant OGCCC the right to use any digital images, recordings or photos taken of me, or my minor children, while attending any events at OGCCC to be utilized in promotional written or electronic marketing materials for OGCCC.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____ Date _____

Ambassador Youth Winter Retreat
Waiver of Liability & Medical Release (Adult)

Event: Ambassador Youth Winter Retreat
Dates: December 18-21, 2026

I, the undersigned, understand that participation in the Winter Retreat hosted by **Ambassador Youth** from **December 18, 2026**, involves certain inherent risks, including but not limited to physical activities, transportation, weather conditions, and other unforeseeable events.

I certify that I am physically fit to participate in retreat activities and that I have disclosed any medical conditions or medications that may affect my participation.

I hereby release, hold harmless, and waive any and all claims against **Ambassador Church**, its staff, volunteers, representatives, and affiliates for any accident, injury, illness, or other loss that may occur during or as a result of this event.

In the event of an emergency, I authorize the event staff or designated medical personnel to secure necessary medical treatment for me, including but not limited to hospitalization, surgery, anesthesia, injections, or medication. I understand that reasonable attempts will be made to contact my emergency contact prior to any such treatment.

I agree to be responsible for any and all medical costs incurred as a result of injury or illness during this retreat.

Participant Printed Name: _____

Participant Signature: _____ Date: _____