

Camp High Places
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**Participation without
Medical Insurance Waiver**

Camp High Places recommends that all participants obtain medical or trip insurance while on one of our trips. This insurance protects campers against an unforeseen medical expenses incurred while on the trip. If a parents elects to send a camper on a trip without insurance they can do so only if they personally assume all responsibility for all medical expenses incurred for their child. By signing this form permission is hereby given to the directors of Camp High Places to handle emergencies in terms of their best judgment, and authorizes hospitalization and medical care if they are deemed necessary. It is also understood that Camp High Places will give parents information to any medical facilities so that the parents can be billed directly.

I understand and certify that my child's participation in Camp High Places and its activities is completely voluntary and I have familiarized myself with the camp's program and the activities that are involved. I understand that my child may participate in any of the above activities as a result of being involved in the camp program. I am aware that certain dangers are inherent in the Camp High Places program. I recognize that although Camp High Places has taken safety measures to minimize accidents and injuries, Camp High Places cannot guarantee their program will be free of accident, illness, or injury to its participants. I have pointed out the importance of camp rules, policies and procedures to my camper, and have instructed them to follow.

Parent Signature _____ Date _____

Camper Name _____ Date _____

To Any Medical Facility (A signed statement from parents of a participant)

In consideration of _____ (minor participant) being permitted by Camp High Places and myself to participate in camp activities, I agree to indemnify and hold harmless Camp High Places and its officers, directors, employees, and agents from any claims which are brought by, or on behalf of listed minor, and which are in any way connected with participation by minor. I also certify that Camp High Places may furnish my personal details to any medical facilities for the purpose of billing me directly for all medical expenses for the above named minor.

Parent or Guardian Signature _____

Printed Name _____ Date _____