



FIVE POINTS MISSION
OLMSTED CENTER

PO Box 291, 114 Bay View Avenue
 Cornwall on Hudson, NY 12520
 olmstedctr@aol.com www.fivepoints.org
 845.534.7900

It is the responsibility of the group leader to insure that only those individuals with completed forms participate in the activity/activities specified.

NAME OF PARTICIPANT: _____ DATE OF LAST TETANUS: ____/____/____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

HOME PHONE: (____) _____ CELL: (____) _____ WORK: (____) _____

Permission to Treat

I hereby give permission to the medical personnel selected by _____ to provide routine care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child, _____

This completed form may be photocopied for trips.

 Signature of Parent/Legal Guardian Relationship to Participant _____ Date ____/____/____

 Name Printed

Release Form for All Ropes Course Participants

(Complete only if the ropes course has been reserved for use by your group)

I have requested Five Points Mission - Camp Olmsted to allow me to participate in the High and Low Ropes Course. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following:

I understand that my participation in this activity can expose me to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge Five Points Mission - Camp Olmsted its officers, agents, and employees from any and all claims or liability for personal injury or property damage I may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is 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 specifically agree to release and hereby release Five Points Mission - Camp Olmsted and the officers, agents, and employees of the camp for any negligence of the camp, or its officers, agents or employees.

 Signature of Parent/Legal Guardian Relationship to Participant _____ Date ____/____/____

 Name Printed

 Address City State Zip Code