

Health Insurance and Waiver Form

To be completed and signed by parent or guardian

Participant's Last Name _____ First Name _____

Birth Date _____ Age _____ Gender: _____ Male _____ Female

Parent or
Guardian's Name _____

Name of Health Insurance Co.:

Name on Policy

Policy or Group
Number _____

Address

City _____ State _____ Zip _____ Phone () _____

PARENT/PARTICIPANT AGREEMENT:

This health history is correct so far as I know, and the child named above has permission to engage in all prescribed activities except as noted, staff and volunteers of the Montana TU Fly Fishing and Conservation Camp exercise caution in the conduct of all camp activities; however, they do not assume responsibility for accidents, injury or illnesses suffered by its participants.

I, as a parent or guardian of the child named above, individually and on behalf of the participant, hereby release, discharge and agree to indemnify Montana Trout Unlimited, their directors, volunteers, and employees from all liability for damage, injury or illness to the participant or their property relating to or deriving from their stay at the Montana TU Fly Fishing and Conservation Camp or participation in or travel to or from camp activities.

AUTHORIZATION FOR TREATMENT:

I, as parent or guardian of the child named above, hereby give permission to the medical or dental personnel selected by the camp to order X-rays, routine tests, treatment for the participant and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, order injections, anesthesia, or surgery, including hospitalization for the child named above. The completed forms may be photocopied for trips outside of the camp facility. I further acknowledge that I will be responsible for payment of all charges related to the medical or dental services provided. I also give permission to the camp director or authorized agent to administer over-the-counter medications and physician-ordered medication in cases deemed necessary by medical staff and/or the camp director.

Parent Signature:

Date:
