



Medical Release and Liability Form
Agreement to participate, Assumption of Risk and Release

Statement of Treatment/Medical Release:

In case of needed emergency medical treatment, I hereby give permission to the physicians selected by the Executive Director of Glen Lake Camp & Retreat Center (Glen Lake Camp) or his/her designee to secure treatment for my child. I further authorize Glen Rose Medical Center and all other medical facilities providing treatment to release pertinent information to Glen Lake Camp staff for the purpose of parental/guardian notification. I recognize the natural risks of injury or disability inherent in my child's participation in Glen Lake Camp's recreation program, and hereby assume the risk of injury that could result from these activities not excluding waterfront, water park, zipline and rock climbing wall. I release Glen Lake Camp, Wyatt Family Partnership, William and Winnie Wyatt, the Central Texas Conference of the United Methodist Church and the employees and volunteers of all such entities from liability for injury to my child from participation in these and other programs. I give my permission for my child's photo(s) to be utilized at the discretion of Glen Lake Camp which includes their website and other marketing materials. However, I understand no name will be used with the photographs.

My signature below confirms that I fully understand and agree to this document:

Printed Name _____ Date _____

Participants' Signature _____

Parent/Guardians' signature if participant is under 18 years of age _____ Date _____

Glen Lake Camp and Retreat Center, 1102 NE Barnard St, Glen Rose TX, 76043 (254-897-2247)