

# CAMP WOW STAFF MEDICAL AGREEMENT

I, \_\_\_\_\_, understand and agree that Camp Walk on Water and its insurance affiliates are not responsible or liable for injuries or illnesses and medical treatment of such maladies resulting from non-work related functions. This includes, but is not limited to, all activities which are not required of a staff member in his or her regular performance of specifically instructed duties. Any injury and treatment thereof resulting from extra-curricular activities will be the sole responsibility of the staff member. It is understood that activities engaged in during free time are not required of the staff, including, but not limited to, such things as recreational sports, goofing off, waterfront play, and other leisure activities. Injuries and illnesses and the treatments of such will not be the responsibility of Camp Walk on Water or its insurance affiliates. It is the responsibility of said staff member to cover the costs of appointments and treatments related to all maladies resulting from non-required activities.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

## EMERGENCY INFO

Name of Insured: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Mobile

Work

Allergies to medications: \_\_\_\_\_

List of current prescriptions: \_\_\_\_\_

Note conditions you are currently receiving treatment for: \_\_\_\_\_

\_\_\_\_\_  
Note any other significant medical info or allergies: \_\_\_\_\_

**PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD!**