

**Oneness Project
Medical Release Form
Oneness Project's Dances of Universal Peace Retreat**

Please complete the entire form and return at least two weeks prior to the event to the address at the bottom.

Child's Name _____ Age _____

2nd Child _____ Age _____

Parent can be reached at:

Home Phone _____ Work Phone/Hours _____

Cell _____ During Camp _____

Address: _____ City, State, Zip: _____

Please indicate any special medical problems or restrictions of your child/children (injury, allergies, chronic recurring illnesses, etc.) of which we should be aware:

Is your child under a doctor's care? _____ Is your child seeing a therapist? _____

Is your child taking medication? _____ If so, please list them: _____

Insurance Information

To be used for special tests, treatments, x-rays or medical consultations in the event any are needed in an emergency.

If Medicaid, indicate number _____

Name of Insurance Company _____

Address _____ Phone () _____

Policy Number _____

If group insurance, company: _____

Parent who insures child _____

Any specific billing instructions _____

Consent for Emergency Treatment

I verify that my child is able to participate in the children/youth program at the Oneness Project's Dances of Universal Peace Event. The undersigned parent/guardian hereby grants permission to the Oneness Project staff for the child/children above to be treated by the appropriate medical personnel for any illness/accident while attending the retreat. I also give my consent for any emergency transportation deemed necessary.

Release of Liability

The undersigned parent/guardian understands that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, and in consideration of my child's/children's acceptance for participation at camp, the undersigned hereby agrees to assume those risks and to hold harmless Oneness Project, its trustees and staff, and all camp agents, representatives, employees, and volunteers, from any and all liability, claims for personal injury and/or property damage, costs, expenses, and damages arising out of or connected in any way with my child's/children's participation in camp activities. Further, the undersigned acknowledges that Oneness Project accepts no responsibility for the loss, damage, or theft of my child's/children's personal property.

Emergency Contact Person (other than parent)

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Parent's Name (please print): _____

Parent Signature _____ **Date** _____

- *If a Lava Retreat, please include hotel in Lava Hot Springs where responsible adult will be staying – we NEED this information.*

• Hotel _____ Room # _____ Phone _____

Please return this form two weeks prior to the retreat event to:

Shahar Solander, Registrar
Oneness Project
P.O. Box 1141
Hamilton, MT 59840

** We are unable to accept participation of minor children without this signed form.*