Georgia Mountains Vida Nueva

Candidate Medical Release & Consent to Participate

*This form **must** be completed and appropriately signed by all weekend participants prior to commencement of weekend activities.* ***A new form must be completed for each weekend in which the participant may serve and will be held by the Vida Nueva Council Representative during the course of the weekend.***

Name of Candidate: _____

Please indicate any and all medical allergies, medications being taken, medical problems or conditions, special diets (for valid, diagnosed medical conditions), or any other pertinent information (please print legibility in necessary use additional space on the back of this form).

_____

_____

_____

Candidate Medical Insurance Company: _____

Group #_____ Member #_____

Primary Doctor's Name: _____

Doctor's Phone # _____

Emergency Contact Name: _____ Phone No. _____

Signature of Parent/Guardian/Participant: _____ Date: _____

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If weekend participant is under 18 years old as of the date the weekend starts, the following section must be completed:

Father (or guardian's) name: _____

Father (or guardian's) home, business and cell phone: _____

Mother (or guardian's) name: _____

Mother (or guardian's) home, business and cell phone: _____

In the event of an emergency, I as parent or legal guardian of _____do hereby authorize an adult GMVN leader as agent for me, to consent to _____ receiving any X-ray, exam, medical, dental or surgical diagnosis, treatment, and hospital care advised by a physician, surgeon or dentist, as appropriate, licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I shall be obligated for all costs relative to any medical assistance and/or services rendered on behalf of _____.

Signature of Parent or Legal Guardian: _____ Date: _____

It is recommended that a completed copy of the Georgia Mountains Vida Nueva Medical Release Form be kept by the parent or legal guardian for the duration of the weekend on which their child serves!

Consent to Participate and Release of Liability:

The novel corona virus, COVID-19, as with the seasonal flu and other transmittable diseases, is considered highly contagious and is known to spread mainly from person-to-person contact. By participating and/or allowing participation as a parent/guardian of a minor in the Vida Nueva Weekend, its related activities, and other Vida Nueva gatherings, I agree that I have reviewed and agree to abide by the procedures established by the Georgia Mountain Vida Nueva Council to protect attendees and participants, and I voluntarily assume the risk that I may be exposed to, or infected by COVID-19, or any other contagious disease, either on the weekend or any other related activities. I agree to assume all the risks of attendance and participation for myself/minor child I represent and release and waive any claims and liability against the Georgia Mountains Vida Nueva Council and Community and any other involved parties.

SIGNATURE of Weekend Participant/Parent/Guardian _____

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Weekend's are held at Camp of Colors Retreat Center, 3186 Dawsonville Hwy., Dahlonega, Ga. 30533 Phone No (Emergencies only) 706-864-0764. Closing activities begin at 5:30 P.M. on Sunday. Please make sure arrangements for the participant's return to their home have been made upon conclusion of the weekend.

In the event of injury or illness, the participant may be transported in the most effective and efficient manner to Northeast Georgia Medical Center, 227 Mountain Drive, Dahlonega, Ga. 30533 (770-219-9000) for appropriate medical treatment and/or subsequent transport to a specialized facility recommended by the aforesaid hospital.

09/2021