# Village Harmony Camp

**5748 Hollister Hill Road, Marshfield, VT 05658**
**(802) 426-3210 fax: (802) 426-3491 vharmony@sover.net**

REQUIRED:
ATTACH RECENT PHOTO

or email us a jpeg file

## ADULT CAMPER EMERGENCY INFORMATION FORM

**Your Last Name**_____ **First Name**_____

Home Street Address _____Date of birth _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

Email _____ PASSPORT # (for int'l camps): _____
*(Please also attach photocopy of passport photo page.)*

Business Name and Address _____

**Your spouse/partner's name** _____

Cell Phone _____ Business Phone _____ Email _____

Business Name and Address _____

### OTHER PERSONS TO BE CONTACTED IN AN EMERGENCY

| | Name | Address | Phone # | Relationship |
|---|---|---|---|---|
| **1** | | | | |
| **2** | | | | |

**Please list any allergies (food, insects, seasonal/environmental, animals, asthma, medicine); describe reaction and management:**

_____
_____
_____

**Please describe any dietary needs or restrictions:**

_____
_____
_____

**Do you have any special needs? Provide as much detail as possible; attach additional paper if necessary (or call us at 802-426-3210 to discuss):**

_____
_____
_____

**Village Harmony is not inherently dangerous.** We exercise prudence and good sense in our choice of activities. At the same time, accidents can occur during the everyday course of events, and it is impossible for us to insure ourselves adequately against such occurrences. Therefore we ask you to take responsibility for providing adequate health insurance for yourself, and that you sign a waiver agreeing to indemnify us for any medical expenses. **Please be sure to provide us with insurance information so that reimbursement can be made for any medical care you may need in an emergency.**

Medical Insurance Info: _____
Policy Name ID# Contact tel.#

I agree to hold Village Harmony blameless for any accident or injury which may occur during the course of VH activities, except in the case of gross or willful negligence, and I agree to indemnify Village Harmony against medical claims which may arise from illness, accident or injury. Should I become incapacitated, I hereby give permission to the medical personnel selected by Village Harmony Camp to secure and administer treatment, including hospitalization.

**SIGNATURE** _____ DATE_____