GENERAL CONSENT AND MEDICAL RELEASE Counselor Form

I, _ he	, adult patient/counselor reby request, agree and authorize COOK CHILDREN'S MEDICAL CENTER and their agents, volunteers, and
employees as follows:	
1.	To provide me with any medical treatment that is deemed necessary while at camp, to the extent that such medical treatment services are available at camp. I agree, to the extent the camp insurance does not cover these costs, to assume financial responsibility either through my health insurance carrier or personally as guarantor.
2.	In cases where the medical treatment that I need is not available at camp, I agree to seeking appropriate medical treatment elsewhere. In cases where I cannot transport myself or arrange for other suitable transportation, I agree to an emergency medical transport service being called on my behalf. I consent to any necessary emergency examinations, x-rays, laboratory procedures, medications, infusions, transfusion of blood products, anesthesia, and any other medical/surgical treatment that the providers deem necessary. I agree, to the extent the camp insurance does not cover these medical treatment costs or the costs of transportation, to assume financial responsibility either through my health insurance carrier or personally as guarantor.
3.	I understand that no guarantee or warranties have been made to me with respect to treatment to be provided at camp. I understand that all supplies, medical devices and other goods sold or furnished to me by the camp are sold or furnished on an "AS IS" basis and Cook Children's Medical Center, any camps that it owns and/or directly or indirectly participates in and Camp John Marc disclaims any expressed or implied warranties with respect to them.
4.	I hereby release Cook Children's Medical Center, any camps that it owns and/or directly or indirectly participates in and Camp John Marc from any and all claims from personal injury, property damage or any other nature which might arise as a result of myself participating as a camp counselor in a camp program. I shall refrain from instituting, pursuing or aiding any claim, demand, action or causes of action growing out of, or hereinafter to grow out of my participation as a camp counselor in the camp. Further, I do hereby agree to indemnify and hold camp and Cook Children's Medical Center and its affiliates, their trustees, directors, officers, employees, agents, volunteers, other campers, and medical staff harmless from and against any and all liability for personal injury involving sickness, disease, death, or damage to property, that my result from my participation in the camp program as a camp counselor. This release shall include, if applicable, all transportation provided or deemed necessary by camp and/or Cook Children's Medical Center to and from the camp. This Agreement shall be binding upon me and my heirs, agents, and assigns.
	THIS IS A LEGAL RELEASE OF LIABILITY AND CONSENT FORM. I HAVE READ THIS FORM CAREFULLY AND HAVE HAD ALL QUESTIONS ANSWERED BEFORE SIGNING. BY SIGNING THIS FORM, I HEREBY AGREE TO THE TERMS STATED ABOVE.
	Counselor Signature Date/Time
	Reason Counselor Unable to Sign

Title

Witness

Date/Time