The Challenge at Camp Pearl
CHALLENGE COURSE
RELEASE OF LIABILITY AND ASSUMPTION OF RISK

This form is to be read and signed by all participants in The Challenge at Camp Pearl.

PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU/YOUR CHILD MAY HAVE IF YOU/YOUR CHILD ARE INJURED OR OTHERWISE SUFFER DAMAGES PARTICIPATING IN THE CHALLENGE AT CAMP PEARL.

In return for Camp Pearl Ministries allowing you/your child to participate in the Challenge at Camp Pearl, you agree, and state, on behalf of yourself, your heirs, assigns, executors and others, as follows:

1. That I/my child am/is familiar with and will obey, any and all of the rules established for The Challenge at Camp Pearl's activities.

2. That I/my child understand/s and appreciate/s the inherent risks and dangers of participating in The Challenge at Camp Pearl's activities, initiative games, and ropes course activities. These dangers include but are not limited to the following: climbing or descending a wooden climbing structure; walking on logs/wires suspended above the ground; exposure to the forces of weather and/or nature; accidents or illnesses occurring on course grounds or off-site locations which could result in property damage and personal injury including broken bones, strains concussion, sunburn, heat exhaustion, and the possibility of death. I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my/my child’s participation in these activities.

3. That I WILL HOLD HARMLESS AND INDEMNIFY CAMP PEARL MINISTRIES and its officials, administrators, employees and all sponsors and individuals assisting in presentation of The Challenge at Camp Pearl and all owners of the property on which the activities are held for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my participation in this activity.

4. That I understand I/my child must be healthy and reasonably fit in order to safely participate in The Challenge at Camp Pearl and that I/my child will inform the program leader of any medication, ailment, condition, or injury that may affect performance; and

5. I grant Camp Pearl Ministries the right and permission with respect to the use of my/my child’s photograph, name, likeness or voice. I hereby release and discharge Camp Pearl Ministries from any and all claims and demands arising out of or in connection with this use, including without limitation any and all claims for libel or invasion of privacy.

I STATE THAT I AM OF FULL AGE AND HAVE THE RIGHT TO CONTRACT IN MY OWN/MY CHILD’S NAME. I HAVE READ, UNDERSTAND AND AGREE TO ALL CONDITIONS SET FORTH HEREBEIN, AND THAT I SIGN THIS VOLUNTARILY. I HAVE ALSO RECEIVED, READ, AND UNDERSTOOD A COPY OF THE RULES SET FORTH BY THE CHALLENGE AT CAMP PEARL.

Signature_____________________________________________Date____________________________

Full Name Printed______________________________________Date____________________________

Parent's/Guardian's Signature if participant is under
18____________________________________________________________

Please Fill Out Reverse Side.
The Challenge at Camp Pearl
CHALLENGE COURSE
PARTICIPANT HEALTH STATEMENT & AUTHORIZATION FOR MEDICAL TREATMENT

NAME________________________________________________________________________________
ADDRESS_____________________________________________________________________________
CITY__________________________________STATE_____________________________ZIP___________
PHONE (H)_______________________________ (W)____________________________
DATE OF BIRTH_____________________
Activity You Are Participating
In:_________________________________________________________Date______________________
Please complete the following as thoroughly as possible. The information will be used only by the
program leaders and any emergency medical personnel.
HEALTH INSURANCE CO. & POLICY NUMBER________________________________________________
1. What physical disabilities or conditions (heart conditions, diabetes, seizures, etc.) do you have that
might affect your participation in this activity? Please include operations illness, broken bones in the
past six months?______________________________________________________________________
________________________________________________________________________________
2. Any allergies, specifically bee stings, food, or medications/drugs? __________________________
_________________________________________________________________________________________
3. Last date of immunization (tetanus, booster,etc.)?_________________________________________
4. List any medications being taken?_______________________________________________________
5. Name and phone number of family physician____________________________________________
Emergency Contact: Name____________________________ Relationship________________________
Phone___________________________ Address_____________________________________________
Authorization for Emergency Medical Care & Medical Release

In the event that I/my child am/is rendered unable to communicate due to illness, accident, or
emergency while participating in The Challenge at Camp Pearl, I hereby give permission to the physician
selected by staff to hospitalize, secure proper medical treatment, and/or take whatever medical actions
are necessary except as noted below. I agree to assume personal responsibility for these noted
exceptions.

EXCEPTIONS FOR TREATMENT / HOSPITALIZATION:
___________________________________________________________________________________
_________________________________________________________________________________
___________________________________________________________________________________
The information provided above is a complete and accurate statement of the physical and psychological
factors which may affect my participation in The Challenge at Camp Pearl. Furthermore, I believe that
I/my child am/is in good health. If in doubt, I will seek and follow medical advice.

Signature/Date
_________________________________________________________________________________
Name (please print)/Date
_________________________________________________________________________________
Signature of Parent or Guardian (if under 18)