

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 FORTHEHEREIN, 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)