



Challenge Course Release and Medical Inquiry Form
Agreement to participate, Assumption of Risk and Release

Group Name: _____

Date on Course: _____

Disclosure

Glen Lake Camp's Challenge Course program includes a variety of different components including, **but not limited to**, orientation, games, group initiatives, zip line, climbing wall, and low ropes course elements which are all physical activities. While trained facilitators are present and participation remains at all times a choice by each individual, there are still inherent risks that no amount of training and/or supervision can eliminate. Glen Lake Camp maintains high safety and training standards, yet there is a risk which must be assumed by each participant that he or she may suffer an emotional or physical injury. These risks include but are not limited to: inclement weather, loss or damage of personal property, accidents resulting from climbing, swinging, jumping, and other types of outdoor activities, unforeseeable acts of nature and the emotional effects of being in perceived risk. To help us in providing a safe experience, each participant must provide the facilitators with any information regarding physical limitations and/or disabilities. Each of the activities will be present upon a "challenge by choice" framework, which means that each participant chooses their own level of participation. Glen Lake Camp reserves the right to deny anyone participation in the Challenge Course program.

Release of Liability

I have read and understood the previous disclosure statement. I understand that Glen Lake Camp's Challenge Course may be physically or emotionally demanding. I affirm that I have no physical or emotional limitations that might put me or others at risk during my participation in any of the activities except what I have listed on the **Medical Inquiry Form below**. I recognize the natural risks of injury, disability, or death inherent in my participation in Glen Lake Camp's Challenge **Course** program and I hereby assume the risk of injury that could result from any of these activities. I release Glen Lake Camp and their staff members from all liability for any injury to me from participation in the program.

Photo Release

I give my permission for me/my child's photo to be utilized at the discretion of Glen Lake Camp which includes their website. However, I understand no name will be used with photographs.

Medical Inquiry Form Information

I have disclosed to the program staff any pertinent medical reasons that may affect my safety or the safety of others during the program. In addition, according to my specific limitations, I agree to retain the right and responsibility to choose and direct my own level of participation. I give the staff at Glen Lake Camp permission to seek medial help should I require it.

My signature below confirms that I fully understand and agree to this document.

SELF PARTICIPANT AGREEMENT

(Complete for Participants 18 years and over)

Participant Signature: _____

Date: _____

Participant Name Printed: _____

PARENT/GUARDIAN AGREEMENT

(Complete for participants under the age of 18)

In consideration of participants noted below, being permitted to participate in these activities, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name Printed: _____

Participants Name Printed: _____

Challenge Course Medical Inquiry Form

The adventure education environment must be a safe one. This form is intended to notify staff of your existing medical conditions that could impact the safety of yourself and the group.

Participant Name: _____

Yes	No	Health Related Questions
		Do you experience or have you experienced any heart problems? Are you taking any heart related medication?
		Are you taking medications for pain or chronic illness?
		Do you have higher than average blood pressure?
		Do you experience any: Allergies (medications, common foods, poison ivy, bees, etc.) Asthma or other respiratory problems Physical condition or limitations (backache, knee, shoulder, neck, etc.)
		Do you have any other conditions which you think may be aggravated by your participation?
		Anything else you wish for your facilitator to know?

Note: If the answer to any of the questions above is "yes", one of our staff may like to check-in on you about the situation. We are able and willing to adjust the program to fit your needs (within reason).

Emergency Contact Information

Printed Name: _____

Phone: _____

Eliminated signature of Participant/Parent/Guardian - Redundant