

Park River Bible Camp Challenge Course Participant Health History and Permission Form

We are excited that you will be participating in our Challenge Course program! The High Ropes Course is 24'-26' high and is for use by persons having at least finished 7th grade. Participants will be climbing and walking across obstacles. The Climbing Tower is 35' high and is for use by persons who have finished at least the 5th grade. Participants in either activity must possess a reasonable level of health and physical ability.

The program is operated by trained facilitators who implement a "Choose Your Challenge" philosophy. No one is forced to participate. The program, like any other activity, possesses "actual risk." Bumps, cuts, and bruises are possible, as are greater injuries. All information shared on this form or verbally will be kept confidential.

Participant name: _____ Age: _____ Last Grade Completed: _____ Gender: _____

Address: _____

Insurance company: _____

Question

Response

- | | | |
|--|------------|------------------------|
| 1. Any preexisting injuries (ankle, knee, back, neck, shoulder, etc.) that may be aggravated by participating? _____ | Yes | No |
| 2. Taking any current medications? _____ | Yes | No |
| 3. Any heart problems or heart medications? _____ | Yes | No |
| 4. Do you have high blood pressure? | Yes | No |
| 5. Do you have allergies (food, bees, insects, medications, etc.)? _____ | Yes | No |
| 6. Do you have any physical limitations? _____ | Yes | No |
| 7. Are you afraid of heights? | Yes | No |
| 8. Current level of activity back home. | Low | Med High |

If you answered "yes" to any question above please discuss that item with your group leader.

Please include any additional information that you feel is relevant: _____

Medical Release and Permission

I understand that parts of Park River Bible Camp's Challenge Course Program may be very physically and emotionally demanding. I give permission for the person named above to participate on the High Ropes Course and/or Climbing Tower. I also authorize the Park River Bible Camp to provide medical and first aid care should any emergency occur. Furthermore, in giving permission I agree to pay all expenses resulting from such an emergency and in no way hold Park River Bible Camp, staff members, or board members liable. I also consent to the use of photos or video of the named participant for promotional purposes.

Participant signature (if at least 18 years old): _____ Date: _____

Parent/Guardian signature (if under 18): _____ Date: _____

Person to contact in case of an emergency: _____

Emergency phone #: _____ Alternate phone #: _____