

**CHALLENGE COURSE RELEASE FORM**  
**PARTICIPANT AGREEMENT AND MEDICAL RELEASE FORM**  
**CLIMBING WALL, HIGH ROPES & LOW INITIATIVE COURSE**

*(All grade levels for low initiative course and grades 6<sup>th</sup> through 12<sup>th</sup> for climbing wall & high ropes course. Outdoor Ministry Staff has the right to deny any person or group participation at any time, based on equipment, behavior and medical conditions.)*

Participant & Parent/Guardian Name: \_\_\_\_\_ / \_\_\_\_\_  
*(please print)*

**Initial** below to indicate that you have read, understood, and agree to the section follow your initials.

*Parents/Guardians/Legal Representatives should initial on behalf of the participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.*

- \_\_\_\_\_ **I state that I am not now under the influence of any chemical substance including alcohol, and I will not be under the influence of any substance when participating in the challenge course program.** I realize participating in the Challenge Course / Climbing Structure / High Ropes / Adventure Based Activities while under the influence of a substance would endanger others and myself.
- \_\_\_\_\_ **I am aware that I might be photographed and/or videotaped during my participation,** and authorize such photographs and/or videotapes to be used by Outdoor Ministries in training and/or promotional materials at any point in the future. I understand that my name will *not* be used and/or published in any way, and that I will *not* receive compensation for the use of such photographs and/or videotapes.
- \_\_\_\_\_ **I give my consent to Outdoor Ministry employees and to emergency medical personnel to treat me if they deem it to be necessary.** I authorize Tower Hill camp staff to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.
- \_\_\_\_\_ **I agree to accept financial responsibility for any medical expenses and/or loss of income** not covered by my Insurance Policy that occurs as a result of my participation in the challenge course program.

**RELEASE OF LIABILITY**

- \_\_\_\_\_ **I understand that Challenge Course / Climbing / High Ropes / Adventure Based activities are, by their nature, physically and emotionally demanding,** and that participating in the challenge course program may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased heart or breath rates and/or physical contact with others.  
**I understand that although Outdoor Ministry staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen** (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond the control of Outdoor Ministry employees.  
**I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety,** and agree to notify a Outdoor Ministry employee if I have safety concerns. The Outdoor Ministry sites practice the "Choose Your Challenge" philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.  
**I understand that Outdoor Ministry staff has the right to deny my participation and that it is my responsibility as a Participant to follow the instructions, guidelines and procedures established by the Facilitator(s)/Trainer(s).** If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s)/Trainer(s), I realize that it is my responsibility to ask for clarification and/or assistance before any participation.
- \_\_\_\_\_ **I understand and assume all dangers and risks (both known and unknown) associated with my participation in the challenge course program and waive, release and discharge Tower Hill Camp or Pilgrim Park Camp and their agents, officers and employees from all claims or causes of action arising from my participation.** I do hereby release Tower Hill Camp and Pilgrim Park Camp and their agents, officers, and employees from any and all liability, even if arising from the negligence of the releases, and agree to indemnify and hold Tower Hill Camp and Pilgrim Park Camp harmless for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of participating in the challenge course program. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.  
**My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.**

***By signing below, I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the Health History Form is complete and accurate to the best of my knowledge. (Please additionally complete the Health History Form prior to signing this document).***

\_\_\_\_\_  
**PARTICIPANT SIGNATURE** (minors must sign)

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE**  
(Required if Participant is under 18 years of age)

\_\_\_\_\_  
**RELATIONSHIP**

\_\_\_\_\_  
**DATE**

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**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

**Please Read:** This form is intended to remind leaders and participants of the seriousness of attempting challenge course / climbing / high ropes / adventure activities with an old, preexisting injury, a heart condition or other condition, which might be aggravated by the event.

<b>Question</b>	<b>Response</b>
1. Does your child have any preexisting injuries (ankles, knees, back, etc.) that might be aggravated by participating?	Yes No
2. Is your child taking any current medications?	Yes No
3. Does your child have any heart problems or heart medications?	Yes No
4. Does your child have high blood pressure?	Yes No
5. Does your child have any physical limitations?	Yes No
6. Does your child have any allergies, or reactions to medications?	Yes No
7. What is your child's current level of activity at home?	Low Med High

If you answer YES to any question above please discuss that item with your group leader.

Please include any additional information that you feel is relevant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARTICIPANT SIGNATURE** (minors must sign) \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 (Required if Participant is under 18 years of age)

IN CASE OF EMERGENCY WHO DO WE CONTACT / PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

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*(Office Use)*

Instructor's \_\_\_\_\_