

Agreement To Participate Assumption of Risk and Release

RELEASE MUST BE SIGNED IN INK

Name of Participant:		Date of Birth:			Age:	
Address:						
City:		State:		Zip:		Phone Number:
<i>Persons to be contacted in case of emergency:</i>						
Name:		Relationship:		Phone Number:		
Name:		Relationship:		Phone Number:		
Family Physician:		Phone:				
Insurance Company:		ID Number:			Group Number:	
Insured's Name:		Insured's SS#				

HEALTH HISTORY (Circle appropriate answer and describe any YES answers)

Please Describe

- | | |
|--|--|
| 1. Have you had or do you have any heart problems? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 2. Do you frequently suffer from pains in your chest? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 3. Do you often feel faint or have spells of severe dizziness? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 4. Has a doctor ever told you that you have high blood pressure? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 5. Do you have arthritis, joint or back problems that might be aggravated by exercise? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 6. Have you had any operations or serious injuries? Please give dates. | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 7. Do you have any disabilities or chronic recurring illness? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 8. Are there any activities to be limited or discouraged by physician's advice? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 9. Are you allergic to any medicines, insects or pollen? If yes, please list below | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 10. Do you have epilepsy? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 11. Do you have diabetes? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 12. Do you have any prescribed meal plan or dietary restrictions? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| 13. Last date of Tetanus/Diphtheria _____ | |
| 14. What medical conditions are you currently being treated for: _____ | |
| 15. List all medication you are currently taking: _____ | |
| 16. Please give a statement of your current health (list all allergies): _____ | |

The proposed Recreational Activities, including but not limited to: Challenge Course Activities, Paintball, or Water Activities, provided by church camp require participation in physical exercises which are, by their nature, demanding. Many of the activities will challenge you and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

I am aware that during my participation in recreation at church camp (at my request) certain risks and danger may occur. These include, but are not limited to, the hazards of being in a wilderness area, the forces of nature, and other reasons concerning this special environment. I have and do hereby assume all risks and will hold staff, officers, and trustees of Holly Brook Baptist Church harmless from any and all liability, actions, cause of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my participation in any activities arranged for me by Holly Brook Baptist Church. The terms hereof shall serve as a **Release and Assumption of Risk** for my heirs, executors, and administrators and for all members of my family.

This form gives Holly Brook Baptist Church permission to take my child's picture, individually or in a group, and publish it for promotional purposes only. I **DO NOT** give permission to take pictures. _____ *(Initials of Participant/Parent or Guardian)*

Holly Brook Baptist Church reserves the right to not allow any individual and/or group which presents itself as a liability risk to participate in this program. This is at the sole discretion of the Holly Brook Baptist Church staff.

In case of accident or illness Holly Brook Baptist Church will attempt to provide first aid and arrange transportation to medical services, if needed. Holly Brook Baptist Church does have limited secondary insurance.

Assumption Of Risk And Release Form must be completely filled out and signed by the participant and by parent or legal guardian (for children under 18). These forms must be given to Holly Brook staff prior to departure with the church group.

Failure to circle "EXCLUDING" gives consent to participate in these activities:
 The health history above is correct, so far as I know, and I believe that my health is satisfactory to participate in **all** scheduled activities, EXCLUDING the Challenge Course activities EXCLUDING Rappelling and/or Rockwall EXCLUDING Paintball EXCLUDING Swimming, water or other lake activities

I, _____, the parent or guardian of _____, my child, authorize Holly Brook Baptist Church's physician, nurse, or authorized personnel to examine, treat, or administer medications for any illness or injury to my child as deemed necessary. In the event of an emergency and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care. I hereby release, indemnify and hold harmless Holly Brook Baptist Church, its agents and employees, from and against any and all claims, liabilities, or negligence of any such health care provider or of Holly Brook Baptist Church, its agents and employees.

Date: _____ Signature of Participant: _____
 Date: _____ Signature of Parent/Guardian (if Participant is under 18 years of age): _____