

**GENEVA Camp & Retreat Center  
CHALLENGE ACTIVITIES  
INFORMED CONSENT FORM**

Participant's name: \_\_\_\_\_

Persons wishing to participate in the challenge elements at GENEVA Camp & Retreat Center must sign the consent form below. These elements may include but are not limited to climbing the tower 40' off the ground, climbing an artificial rock wall, descending into the water at a high rate of speed on a zip line, being bounced from a blob or water trampoline, and other water or land-based activities. If the participant is less than 18 years of age, the parent(s) or legal guardian must also sign the form.

1. Assumption of Risk: I want to participate in the Challenge program at GENEVA Camp & Retreat Center even though I know there are risks involved, including the risk of serious injury or death. I am willing to assume those risks and any other risk incidental to the program.
  
2. Release of Responsibility: In consideration of the opportunity to participate in these activities, I will not hold GENEVA Camp & Retreat Center, its directors, employees, or agents responsible, or legally liable, for any injuries to my person or property or the results thereof, incurred and suffered as a result of my participation in any of the activities or programs of GENEVA.
  
3. Willingness to Follow Instructions: I understand the GENEVA will provide the necessary safety equipment and personnel trained to supervise participation in these activities. I agree to use this equipment as directed and to observe and follow all rules and guidelines for participation in these programs as directed by the GENEVA staff. I further agree that any failure to do so on my part may prevent my participation in these activities.
  
4. Fitness to Participate: I certify that I have no physical or mental condition that would prohibit my participation in these activities. If I am now or have been in the past under treatment for any of the following list, I have checked the appropriate heading and will discuss it with the supervisor of the activity and yield to his or her judgment as to whether I should participate.  

___ any orthopedic problems	___ fainting spells or convulsions	___ kidney related diseases
___ back or neck injury	___ hearing loss or impairment	___ nervous disorder
___ cardiac or pulmonary disease	___ high or low blood pressure	___ pregnancy
___ diabetes	___ insect allergies	___ shortness of breath
___ recent injuries (please explain below)	___ other concerns (please explain below)	

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my participation in these Challenge activities is entirely voluntary, and that I may excuse myself from participation if I so desire.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_ I am 18 years of age or older \_\_\_ I am less than 18 years of age  
For minors less than 18 years of age, both parents (who have custody) need to sign their approval of participation.

I consent to have my child participate in the Challenge activities at GENEVA Camp & Retreat Center, and certify that I will hold GENEVA, its directors, or agents harmless from any and all liability and claims arising out of participation in or in connection with the program of GENEVA Camp & Retreat Center.

Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_