

BLUE RIDGE CHRISTIAN CAMP
LOW ROPES COURSE/CLIMBING WALL/ZIP LINE
ACKNOWLEDGEMENT OF RISK AND ASSUMPTION OF PERSONAL RESPONSIBILITY

The low ropes course/climbing wall/zip line at Blue Ridge Christian Camp involves a variety of activities that include group games, trust building exercises, tactile problem solving initiatives, portable ropes initiatives, climbing wall, zip line and other physically challenging activities. The level of participation in the course/climbing wall/zip line is at all times completely up to the individual's choice. Yet, there is a risk that must be assumed by each participant, that he/she may suffer an emotional or physical injury or disability.

Policy for participation in the Blue Ridge Christian Camp low ropes course/climbing wall/zip line requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be known to the facilitator/s conducting the program so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form, answering the questions below, and return to Blue Ridge Christian Camp prior to participating in any activity.

PARTICIPATING IN WHICH PROGRAM? (please circle): Low ropes course/Group initiative games/Climbing wall/Zip line

GROUP NAME: _____

DATE(S) OF PROGRAM PARTICIPATION: _____

MEDICAL INFORMATION

(If you answer yes to any of the following please include a description)

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| <p>Medications you take for current medical condition (asthma, allergies, etc.) _____</p> <p>Medications you take occasionally (headaches, etc.) _____</p> <p>Do you plan to bring these or any other medications with you? ___ yes ___ no <i>All medications must be brought in the original bottle (prescription or over-the-counter), properly labeled as prescribed by law.</i></p> <p>Do you have, or have you had: _____</p> <p>Recent Serious Injury? ____ Yes ____ No</p> <p>Recent Surgery? ____ Yes ____ No</p> <p>Chronic Medical Condition? ____ Yes ____ No</p> | <p>History of heart attack, by-pass/angioplasty, angina or any other cardiac condition? ____ Yes ____ No</p> <p>Are you diabetic? ____ Yes ____ No</p> <p>Other medical condition?: ____ Yes ____ No</p> <p>If YES to any of the above, please describe: _____ _____ _____</p> <p>Allergies: Food? _____ Drugs? _____ Insect Stings/Bites? _____ Other? _____</p> <p>Please use the other side of this sheet to tell us any other information related to your participation in the Blue Ridge Christian Camp program/course you feel we should know.</p> |
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RELEASE OF LIABILITY: Agreement to Participate: Assumption of Risk and Release

The Challenge Course is an activity-based program that has been used successfully to build teams and promote trust here at Blue Ridge Christian Camp. Groups range from summer camp, sports teams, leadership teams, corporations, civic and church youth groups and many others. I understand that during the said activities that the applicant is requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazard of depending on other people and being at various heights (0-40ft.), accident or illness in remote places without medical facilities, the forces of nature and travel by air, boat, automobile or other conveyance. The undersigned further recognizes risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this challenge course experience or other type of outdoor activities. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to elements of nature including inclement weather. I understand that my participation in the Blue Ridge Christian Camp program is entirely VOLUNTARY and that I may excuse myself from participation if I so desire.

I hereby give permission for the person named on this form to participate in all activities including the ropes course/climbing wall and I have read the "Agreement to Participate: Assumption of Risk and Release."

I hereby release Blue Ridge Christian Camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Blue Ridge Christian Camp or its staff members, management of officers liable.

PARTICIPANT'S NAME _____ DATE _____ TELEPHONE# _____

PARTICIPANT'S SIGNATURE _____

PARENT/LEGAL GUARDIAN'S SIGNATURE _____

(must sign for all persons under 21 years old)