

Blue Grass Christian Camp Liability Release

Adventure Program Participant Information & Release of Liability Disclosure Form

Participant Name (printed): _____

Group Name: _____

Dates: _____

Blue Grass Christian Camp's Adventure Program involves a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, and other rigorous physical activities. The level of participation in an Adventure Program activity is at all times completely up to the individual participant, Challenge by Choice. Yet there is a risk which must be assumed by each participant.

Policy for participation in all Adventure Program activities requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be known to the instructors conducting the program, so that they may be prepared to respond appropriately if the need arises. This information will be held in confidence. To participate, we must have the information and Release of Liability form on file at the office of BLUE GRASS CHRISTIAN CAMP.

1. Do you have any limiting physical disabilities or handicaps (temporary or permanent; eg, asthma, heart conditions, dizziness, seizures, fractures, etc.)? **YES** or **NO** (if yes, please identify and explain)

2. Are you currently taking any medication (prescribed or otherwise; eg, cold medicine)? **YES** or **NO** (if yes, please list medications and what condition it is for)

3. Do you have any allergies, reactions to medications or any other medical limitations? **YES** or **NO** (if yes, please identify and explain)

Insurance Coverage

Blue Grass Christian Camp provides a secondary insurance policy for all program participants. Participant/Parent/Guardian/Institution insurance policy will be used as the Primary coverage. Our insurance company will pay, to the stated policy limit, any covered cost incurred while providing medical attention, that are not paid by yours, your spouse's, parents, or legal guardian's insurance, by any other policy providing coverage to the participant.

Release of Liability

I understand that parts of the Adventure Program may be physically and/or emotionally demanding. I affirm that I am in good health and that I am not under a physician's care for any undisclosed condition that might endanger my health or that of other participants. I recognize the inherent risk of injury or disability in Adventure Program activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release Blue Grass Christian Camp, its staff members, and Directors from all liability for any injury to me from participation in Adventure Program activities.

Participant's Signature _____

Date _____

Parent/Guardian's Signature _____
(if participant is under 18 years of age)

Date _____

Participant's Height: _____ Participant's Weight: _____

Participant's Address:

Street: _____

City/State/Zip: _____

Home Phone: _____

Emergency Contact Name and Phone: _____