
WEBSTER CONFERENCE CENTER, INC. CHALLENGE COURSE AGREEMENT

Agreement to Participate, Assumption of Risk and Release of Liability

Whereas, I the undersigned wish to participate on the Challenge Course of Webster Conference Center of Salina, Kansas, I acknowledge that during the activities I will participate, there will be a certain amount of risks and danger. These include, but are not limited to, depending on other people and being at various heights (ground to 35'), and accidents. I recognize that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity. My health form is current and accurate, and I understand it is solely my responsibility to determine where there is any medical reason that I should not participate. I also state that I am not under the influence of any chemical substance including alcohol.

I have and do hereby assume all the above risks and any other ordinary risk incidental to the activity that are not specifically foreseeable, and will hold Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss. In short, I will not sue Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates. This is binding on me, my executors, heirs and next of kin, successors and assigns, or anyone else who might sue or claim on my behalf. I also understand that my physical activity involves risk of injury, and I have entered into this activity voluntarily and take full responsibility for my decision to participate or not to participate and I agree to follow all safety instructions.

Name of Participant: *(Please Print)* _____ Date: _____

Address _____

City/State/Zip _____

Birthdate ____/____/____ Age _____ City, Church Name _____

Signature of Participant: _____

Approval Signature of Parent/Guardian

if Participant is under 18: _____

Address _____

(If different from above)

City/State/Zip _____

Employed by _____

Daytime Phone (____) _____ Evening/Night Phone (____) _____

Name of Physician: _____ City _____ State _____

Physician's Phone Number (____) _____

MEDICAL INFORMATION

Do you frequently suffer from pains in your chest? YES NO

Do you often feel faint or have spells of severe dizziness? YES NO

Has a doctor ever told you that you have high blood pressure? YES NO

Are you currently sick and/or using a medication not listed elsewhere on this form? YES NO

Have you had any operations or serious injuries in the last three months? YES NO

Do you have arthritis, joint or back problems that might be aggravated by exercise? YES NO

Are you currently taking medicine or treatment? YES NO

If yes, explain _____

Have you been restricted from sports or swimming for any reason? YES NO

If yes, explain _____

Date of last Tetanus shot: _____ Date of last physical exam _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite? YES NO

If yes, explain _____

Do you have:

Sinus Trouble

Hay Fever

Heart Trouble

Epilepsy

Asthma

Diabetes

Communicable diseases? If yes, please explain _____

List any Allergies:

Food _____

Drugs _____

Other Medical Needs: _____

EMERGENCY MEDICAL AUTHORIZATION

Event: CHALLENGE COURSE AT WEBSTER CONFERENCE CENTER

In the event of an emergency, I hereby give permission to any Webster Conference Center staff person, or their designee, who is present at the above mentioned event to obtain medical assistance. I also give permission to the Physician selected to hospitalize and secure proper treatment.

Parent/Guardian Signature _____

Insurance Company _____

Mailing Address to Submit Claims: _____

City: _____ State: _____ Zip: _____

Policy Number _____

If I cannot be reached, please notify _____

() _____ or () _____

Today's Date _____
