

THIS FORM MUST BE COMPLETED TO PARTICIPATE IN CHALLENGE ACTIVITIES

Skycroft's challenge program integrates a variety of activities that may include warm-ups, games, group initiatives, low challenge elements, high ropes elements, and climbing wall which may be physically rigorous for the participants. The level of participation is up to each individual. Skycroft staff will make every effort to ensure their safety and well being. Yet there are inherent emotional and physical risks involved with the challenge activities that must be assumed by each participant.

Certain health/medical information must be made known to the facilitator(s) conducting your challenge experience, so that they can appropriately respond if need be. This information will be held in confidence. Each individual that will participate in any part of our challenge activities must fully complete this form prior to participation. This form should be returned to your group leader who is to bring all the forms to Skycroft staff. Failure to do so will forfeit your participation in these activities.

Group Name: _____ Event Date: _____
Name: _____ Age: _____ DOB: _____

Do you have Health/Accident Insurance? YES _____ NO _____ If yes please print the name of the company, phone number, and policy number _____

Do you have any limiting physical and/or emotional conditions or limitations? YES _____ NO _____
If yes, please identify and explain.

Are you currently taking any medication (over the counter or prescription)? YES _____ NO _____
If yes, please explain what medications you are taking and for what condition you are taking it.

Do you have any allergies, reactions to medications, or any medical limitations? YES _____ NO _____
If yes, please explain.

Are you currently seeking or have received care from a medical professional in the past for any of the following:

Heart Disease _____ High Blood Pressure _____ Pregnancy (currently) YES _____ NO _____
If yes, please Explain:

I agree to consult with a physician regarding my health and condition before participating in the event, and I acknowledge I have been advised to do so. _____ Initials.

RELEASE OF LIABILITY:

I understand that aspects of Skycroft's challenge program may be physically and 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 bears upon my ability to participate in these activities. I recognize the inherent risk of injury or disability in these activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release Baptist Convention of MD/D, its staff members, volunteers, and board of directors from all liability for any injury to me from participating in these activities. I also give permission to receive emergency medical treatment.

Date: _____ Participant's Signature: _____

Print Name: _____

Parent/Guardian Signature (if under 18 yrs old): _____

Print Name: _____

Mailing Address: _____

Phone # _____

Person to call in case of emergency: _____ Phone# _____

I _____ also grant Skycroft the right to use or reproduce photographs, films, video tapes, and sound recordings of the above named participant, for use in materials the camp may create.