

# Challenge Course medical info and release of liability

The Outdoor and Environmental Education program at Mt. Aetna Camp and Retreat Center (MACRC) offers a variety of Challenge Course activities for guest groups including group initiatives, low course, high course, and the climbing tower/zip line. The level of participation will at all times be completely up to the individual. Even though our course and facilitators are certified, there is a risk of injury or disability, both physical and emotional, that must be assumed by the participant.

MACRC policy requires that the participants health and accident insurance provide primary coverage for the participant. In accordance with this policy, MACRC reserves the right to refuse services to persons not covered by health and/or accident insurance.

To enable MACRC staff who are facilitating the course, to respond appropriately in an emergency, certain health and medical information is requested.

*This form must be completed and delivered to MACRC before the guest will be allowed to participate.*

## Participant Information - Please print

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## Participant health and medical information

Health/accident insurance company  
\_\_\_\_\_

Group/ID# \_\_\_\_\_  
Company phone ( \_\_\_\_\_ ) \_\_\_\_\_

Describe any limiting physical disabilities, handicaps, chronic back or joint conditions:  
\_\_\_\_\_  
\_\_\_\_\_

List allergies (medications, foods, insects, plants) and list authorized treatment plan.  
\_\_\_\_\_  
\_\_\_\_\_

List any medical condition that might affect participation in the program, such as asthma, diabetes, thyroid trouble, chronic bleeding, epilepsy, arthritis, etc.  
\_\_\_\_\_  
\_\_\_\_\_

List current medications, condition prescribed for and recommended dosage. If the participant is a minor, see that a group sponsor or teacher receives instruction and responsibility for administering medications during their time at MACRC.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For food service use, please list any dietary restrictions.  
\_\_\_\_\_  
\_\_\_\_\_

## Release of liability

I have read the information on this document and understand the physical and stressful nature of the MACRC Challenge Course.

I agree that I, or my dependent, will at all times wear any required equipment and follow the directions of the instructors and facilitators.

I recognize that participation in the Challenge Course can be dangerous, and acknowledge that my consent to participate in this activity is voluntary and informed. I have been advised of the risks, and with an awareness of these risks consent to participate in the Challenge Course.

I understand that the staff have been fully and properly trained in the skills to facilitate these activities. I also understand that the participant will be trained in the skills necessary to participate, and that the use or non use of such skills by the participant shall, under no circumstances, result in claim against, or the imposition of any liability to any nature whatsoever, with respect Chesapeake Conference and MACRC.

As participant or guardian, I waive, release and discharge Chesapeake Conference of Seventh-Day Adventists, MACRC and its staff from liability from any and all rights, claims, and actions arising now and/or in the future out of participation in the Macrc Challenge Course. I further agree to indemnify and hold harmless the Chesapeake Conference from any claims arising out of any injury or harm the participant may cause to another individual during the course of participation in this program.

In case of emergency, I give permission to MACRC staff to administer basic first aid or seek appropriate medical care, including hospitalization, injections, anesthesia, or surgery for the participant listed here.

I also give permission for MACRC to use audio and visual images or recordings for promotional purposes.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (required for guests under 18) \_\_\_\_\_ Date \_\_\_\_\_

School or group title or name \_\_\_\_\_