

Lake Wapogasset Lutheran Bible Camp, Inc.'s Challenge Ropes Course Program

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in the Lake Wapogasset Lutheran Bible Camp, Inc.'s Challenge Ropes Course Program at Ox Lake near Amery, Wisconsin.

I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I wish to discuss any of the terms contained in this agreement, I may contact the high ropes facilitator for Lake Wapogasset Lutheran Bible Camp, Inc.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks, which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, contusion, paralysis, and even death. I understand that it is advised that I seek the advice of my physician before participating in the Lake Wapogasset Lutheran Bible Camp, Inc.'s Challenge Ropes Course Program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by Lake Wapogasset Lutheran Bible Camp, Inc. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature: _____ Date: _____.

Signature of Parent or Guardian

*(If Participant is under 18): _____ Date: _____.

Consent for Emergency Treatment:

I authorize Lake Wapogasset Lutheran Bible Camp, Inc. and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ Date: _____.

Signature of Parent or Guardian

*(If Participant is under 18): _____ Date: _____.

*If your son, daughter or ward will be under 18 while participating in Lake Wapogasset Lutheran Bible Camp, Inc.'s Challenge Ropes Course Program at Ox Lake Lutheran Bible Camp in

Amery, Wisconsin, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

Informed Consent / Medical History

Lake Wapogasset Lutheran Bible Camp, Inc.'s Challenge Ropes Course Program involves a variety of activities that often include warm-ups, games, group initiative problems, trust experiences, low / high elements, and other rigorous physical adventure activities. Participation in the program and its activities is at all times an individual choice. There are risks, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

Lake Wapogasset Lutheran Bible Camp, Inc.'s policy requires that every participant provide certain health/medical information to the instructor(s) so that they are prepared to help participants make informed choices about their level of participation.

The following information will be held in confidence. Please complete the form and return it to Lake Wapogasset Lutheran Bible Camp prior to participating in any activities.

Date(s) of participation:_____.

Applicant Information:

1. Name:_____ Sex:_____ Date of Birth_____.
2. Do you have any health/accident insurance? _____No_____Yes. If yes, name, and address of company:

_____.

Medical Information:

NOTE: In the interest of trying to provide a successful experience for all participants we ask that you take the time to answer the following questions. This information will be kept in confidence by Lake Wapogasset Lutheran Bible Camp, Inc. and only shared with your permission.

3. Do you have any limiting physical or health disabilities (temporary or permanent)?
_____No_____Yes

If yes, please identify and explain:

_____.

_____.

4. Do you currently take medication (prescribed or otherwise, e.g. cold medicine)?

_____No_____Yes

If yes, what are you taking and what condition is it for:_____.

_____.

_____.

5. Do you have any allergies, reactions to medications, or any other medical limitations?
_____No_____Yes

If yes, identify and explain: _____

6. Do you have any of the following symptoms/conditions? Circle yes or now and describe below:

A. Do you have any history of heart disease, or heart attack?

Yes No

B. Do you have high blood pressure or any history of high blood pressure?

Yes No

C. Do you have any chest pains/pressure heart palpitations, heart murmurs?

Yes No

D. Have you ever had a stroke?

Yes No

E. Do you have diabetes?

Yes No

7. If you circled "yes" to any of the above questions (letters A-E), identify the condition and describe below:

Concern: _____

Detailed Description: _____

Concern: _____

Detailed Description: _____

Concern: _____

Detailed Description: _____

Other concerns/issues:

