

This form must be completed and signed prior to your arrival at camp. It must be turned in to the certified leader prior to your participation in any facilitated activities.



## Facilitated Activities at Camp Allendale

Camp Allendale provides facilitated activities that can include Archery, warm-ups and group initiative/team building problems, low ropes course elements, rock climbing at our Climbing Tower, swinging on our Giant Swing, and zipping on our Leap of Faith zip line. The level of participation in a facilitated Camp Allendale activity is at all times completely up to the individual's choice. There is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury. Bruises and scratches are not uncommon. Wearing weather-appropriate clothing as well as proper shoes is vital to each participant. Those who do not have closed heel and toe shoes will not be allowed to participate in activities.

Camp Allendale's policy for participation in any facilitated activity requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made available to Allendale. This information will be held in confidence. Each participant must complete a "Participant Health History and Release of Liability" form.

### Participant Health History

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Do you have health/accident insurance? \_\_\_no \_\_\_yes

If yes, please list name of the company and policy number:

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\*If you do not have health/accident insurance, you will not be allowed to participate in Camp Allendale's facilitated activities.

Do you have any limiting physical disabilities or handicaps (temporary or permanent)?

\_\_\_no \_\_\_yes

If yes, identify and explain: \_\_\_\_\_

Are you currently taking any medication (prescribed or otherwise)? \_\_\_no \_\_\_yes

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

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Do you have any allergies, reactions to medications, any other medical limitations?

\_\_\_no \_\_\_yes If yes, identify and explain

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In case of Emergency please Notify:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

## Release of Liability

I understand that Camp Allendale facilitated activities are physically and emotionally demanding and create risks and danger. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the facilitated activities.

**I acknowledge and assume the responsibility to follow the directions of the staff or facilitators during these activities. I understand all activities are presented as "Your Challenge, Your Choice" and that my participation in any such activities is purely voluntary, and I elect to participate in spite of the risks.** I am also able to limit my participation in activities as I see fit. If at any time during an activity I want to stop, it is my responsibility to inform my facilitator.

**Before participating in any activity, I agree to assess my medical, physical and emotional condition, and based upon such assessment I will decide whether any such condition could interfere with my safety in any such activity, in which case I will decline to participate.** I understand that Camp Allendale's facilitators are not qualified to determine who should or should not participate in any activity. I declare I am not now under the influence of any alcohol and/or drugs and I will not be under the influence of any alcohol and/or drugs during my participation of activities at Camp Allendale. I recognize that if my group is going to be participating in the Leap of Faith zip line, I am under the weight limit of 260 pounds.

**By participating I agree to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any condition I may have and by my participation in the activity. I hereby waive, release, and discharge Camp Allendale, its staff, facilitators, and Board of Directors, from any and all liability, action, claim and damages, of every kind and nature.** This waiver and release shall be construed broadly to the maximum extent under applicable law in the state of Indiana. My signature on this document shall bind my next of kin, heirs, representatives, administrators, successors and assigns on my behalf.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Signature (if participant is under 18): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_