

Promised Land Camp Adventure Course Liability Release Form

Arrival Date: _____

Church or Group/Organization Name: _____

Participant's Name: _____

Participant's Signature/Parent if under 18: _____

Date Signed: _____ Phone Number: _____

Participant's Date of Birth: _____ Do you have health insurance coverage: _____ If yes, what insurance company: _____

The following medical conditions may prevent safe participation in some of our physically demanding activities?

- Allergies
- Pregnancy
- Chronic / Recurring Illness
- Recent Surgery
- Recent Serious Injury

Please be sure to notify our staff in private upon arrival if you have medical concerns.

The Promised Land Camp Adventure Course, involves a variety of activities that often include group initiative problems, low and high challenge course elements and other rigorous physical adventure activities. The level of participation in all programs and activities is at all times completely up to the individual. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury and disability.

Policy for participation in The Adventure Course recommend that every participant have health/accident insurance coverage. In addition, certain health / medical information must be made known to the instructor(s) conducting programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and submit it to The Promised Land Camp prior to participating in any activities. The Instructor will ultimately decide if a medical condition is one that is not able to be accommodated on the Adventure Course.

RELEASE FROM LIABILITY

I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to property, that accompany my participation in the Promised Land Adventure Course activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activity or activities that I will be participating in, the risks associated with each such activity and my responsibility to know my own limits.

I affirm that my health is good and am not under a physician's care for an undisclosed condition that bears upon my fitness to participate in the Adventure Course activities. I understand that I am free to choose not to participate in any activity offered by the

Promised Land Camp Adventure Course. Having chosen to participate in any activity and accepting full responsibility for my own choices, I hereby release The Promised Land Camp, it's staff members and any and all other persons employed at The Promised Land Camp or participating as instructors or counselors in these activities, from any and all liability for bodily injury, emotional injury, or loss of property.

I have read, understood, acknowledge and confirm that the above information is true and correct.

Signature _____ Date _____
Participant or Guardian