

2017 Challenge Elements Release Form

PARTICIPANT AGREEMENT & ASSUMPTION OF RISKS AND VOLUNTARY RELEASE AND INDEMNITY

Participant's Name (please print): _____ Date _____

Date of Birth: ____/____/____ If minor, Age: _____

For and in consideration of my being allowed to participate in this program, I agree as follows:

ASSUMPTION OF RISKS

High Plains Retreat Center or HPRC, Challenge Elements involve a variety of activities including warm ups, discussion/debriefing, games, group initiatives (physically and cognitive), zip line and 2-person giant swing elements and other potentially rigorous physical/emotional activities. The inherent risks and other risks of this program may include falls, heat stroke, hypothermia, anxiety and other fear responses, elevated heart rates, collisions with objects or other people, unsafe acts by other participants, acts of nature related to being in outdoor venues, and other risks that may or may not be noted by participants and staff. Safety is an important priority in the facilitation and management of all levels of programming, however, even with the adherence to recognized risk management practices in adventure programming, accidents do occur. Participation in all of these activities and elements may result in injury, fatigue, psychological stress, or even death, not totally unlike other physically and emotionally demanding activities of various natures. The level of participation in our program is entirely voluntary and under individual choice at all times and for ALL aspects of the program or training. As with any program of this nature, there is a risk that must be assumed by each participant in the event that she/he may experience any emotional or physical injury or death. I recognize that there is a significant element of risk in any adventure sport or activity associated with the outdoors. Knowing the risks, dangers, and rigors involved in the activities, I represent that I/my child exhibit(s) good health required for participating in the activities.

VOLUNTARY RELEASE OF LIABILITY AND INDEMNITY

By signing this release form, I agree to release and hold harmless, High Plains Retreat Center or HPRC, its agents, assistants, employees, and officers, and directors (the "release parties") for any damage or injuries, physical or mental, including those caused in whole or in part by the negligence of any released party, which I might incur as a result of my voluntary decision to participate in the Challenge Elements.

Participant Agreement including Assumption of Risks and Voluntary Release & Indemnity I further agree to indemnify the release parties and each of them from any claim brought by a third party, including a co-participant, for any injury or loss suffered by that person caused in whole or part by my conduct. This release is binding on my heirs and estate. I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form, and by signing in the space provided, do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in their entirety. I have been informed of the full nature of this program and its inherent risks and fully understand the nature of the program.

[] I certify approval and represent that I/my child can participate in the physical requirements of challenge and recreational activities which involve potential injury and assume such risks. Knowing the risks, dangers, and rigors involved in the activities, I represent that I/my child exhibit(s) good health required for participating in the activities. I understand that participation in this program is by choice and that I/my child may exercise the option to NOT participate in any aspect of these programs. I grant permission for Retreat Center personnel or event leadership to authorize any emergency medical care, operations and/or anesthesia which might become necessary.

Participant Signature or Signature of Parent/Guardian if under 18

Date

Address

Home Phone

City, State, Zip

Work Phone

2017 Medical Release Form

Camp: _____

Group (if applicable): _____ Month/Year of Camp: _____/_____

Camper Name: _____

Phone Number: _____ Address: _____

Date of Birth: _____/_____/_____ Age: _____

Parent/Guardian(s): _____

Parent/Guardian(s) Phone: _____

Relative or Emergency contact(s) (names and phone):

_____/_____

_____/_____

Medical Limitations/Allergies: (use the back of the page if needed)

I give permission for my child to receive over-the-counter pain reliever (i.e. acetaminophen) from event first aid personnel if needed with any exceptions listed on this form.

All required vaccinations are up to date.

Factors affecting participation (if any):

Current Medications (medication & when taken). **All Medications Must be in original containers:**

Physician: _____ Insurance: _____

I authorize medical treatment as needed for this camper/child. It is understood that this authorization is given in advance of any specific diagnosis or treatment. I hereby waive all claims against and hold harmless the High Plains Retreat Center and its staff/leaders from any liability for any injuries received by this camper while participating in camp programs. The camper listed has permission to participate in all activities including transportation and water activities. I understand that campers who do not cooperate with leaders or abide by camp rules may be asked to leave. Parents will be responsible for transportation and transportation costs if the camper is sent home.

I agree for photos of this camper to be used in promotional materials.

Parent signature: _____ Camper signature: _____

Date: _____

Date: _____