



MEDICAL INFORMATION AND RELEASE OF LIABILITY FORM- PARTICIPANT

Organization/Group: _____

Date: _____

Participants Name _____	Date of Birth _____
Address _____	City/State/Zip Code _____
Phone Number _____	
Emergency Contact Name/ Phone Number _____	Relationship to Participant _____
Do you have health insurance? YES or NO (Please circle)	
Insurance Company _____	Policy Number _____

Challenge Course activities involve a variety of physical challenges. These activities are designed for someone in reasonably good health. The individual decides the level of participation in all activities. At no point will any participant be forced to participate. Each person must assume all risk of emotional or physical injury. We recommend persons participating in this activity have their own health insurance. We are not responsible for any medical bills incurred as a result of participation in this activity. By signing this form, you authorize us to obtain emergency medical treatment on your behalf. We are not responsible for any costs incurred for emergency medical treatment. We ask that you fill out this release of liability and medical information form completely in order to inform our instructors of any medical concerns.

To the best of my knowledge, I am in good health and can participate in this activity. I have indicated below any reasonable accommodations needed to meet my mobility, vision, hearing or other needs as well as any health problems or medical conditions that may interfere with my participation.

I affirm that the information I have provided is accurate and complete. I understand that failure to disclose this information could affect my own and/or others' safety. I understand that parts of the Challenge Course at Table Rock Camp & Retreat Center may be physically and emotionally demanding. I agree to follow all safety instructions given by the Table Rock Camp & Retreat Center Challenge Course Facilitators. By signing below, I acknowledge that I have fully informed myself as to the nature of the activity or activities in which I will be participating, the risks associated with each activity, the concept of choice and my responsibility to know my own limits. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment that may become necessary.

******PLEASE COMPLETE BOTH SIDES OF THIS FORM******



Reasonable accommodations or medical conditions that might interfere with my participation:

Participant Name

Date

Participant Signature

****If participant is under the age of 18:**

Name of Minor Participant

Date

Parent/Guardian Name

Parent/Guardian Signature

PHOTO PERMISSION

I grant Table Rock Camp & Retreat Center the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of me for use in materials they may create.

Participant Signature

Date

*****If participant is under the age of 18:**

Name of Minor Participant

Date

Parent/Guardian Signature