



INSPIRATION HILLS

CAMP & RETREAT CENTER

**A PLACE TO COME TO KNOW
AND GROW IN CHRIST**

INSPIRATION HILLS Challenge Course - Statement of Health

Name _____ Date _____

Age _____ Sex _____ Height _____ Weight _____

Insurance Company _____ Group # _____

Doctor _____ Phone _____

Emergency Contact Person _____ Phone _____

HEALTH HISTORY

List any allergies, medications needed to control them and their effects (Insect bites/stings, Medications, Food, etc.):

List any conditions requiring regular medication, the medications and their effects (Diabetes, Epilepsy, Etc.):

List all injuries, broken bones, illnesses, or operations, beginning with the most recent (list month and year):

List any emotional or behavioral considerations, and their effects on you (fear of heights, insects, etc.)

Are you pregnant at this time ____yes ____no

I the applicant (parent or guardian of minor applicant), assume full responsibility for the applicant's health being such that the activities will in no way aggravate any conditions present. I agree that if I am in doubt about my ability to participate in the challenge course, medical advice will be sought by the participant prior to arrival at the camp by such health professionals and their advice followed. Inspiration Hills will be notified of any changes in the applicant's health status prior to participation in the Challenge Course.

I declare the statements on this form to be true.

Signature: _____ Date: _____
(Parent or Guardian of Applicant under Eighteen Years of Age)

INSPIRATION HILLS
Challenge Course
Informed Consent Form
Waiving all rights to sue Inspiration Hills
and/or it's staff members and any volunteers

This form must be signed by all participants and a parent or guardian if under 18 years old.

The undersigned acknowledge that certain elements of the Inspiration Hills Challenge Course can be physically, mentally and emotionally demanding, and that it is impossible to eliminate all risks. The undersigned is aware that there are risks of cuts, scrapes, bruises, fractures, debilitating injuries and fatalities. The undersigned is also aware that not all dangers and hazards can be foreseen and that risks and dangers exist in the activities involved in the Challenge Course that are beyond the control of Inspiration Hills and it's staff and volunteers.

The undersigned acknowledged that Inspiration Hills and its staff has the right to deny participation and that it is a participant's responsibility to follow the safety standards, guidelines, procedures and verbal instructions established or given by the staff. If the participant does not understand any instructions, it is the participant's responsibility to ask for clarification and/or assistance. The undersigned acknowledge that no weapons of any type or other objects that could cause injury are to be taken on the Challenge Course.

The undersigned understand that none of the activities sponsored by Inspiration Hills are covered by medical insurance. If a participant is injured, the participant and participant's family are responsible for paying his/her medical expenses. The undersigned hereby agree to accept full financial responsibility for medical and related expenses.

The undersigned hereby expressly consent to the exposure of the participant to all the dangers hazards and risks involved in the Inspiration Hills Challenge Course and hereby expressly assume all the dangers, hazards and risks and waive all rights to sue and agree to release and discharge Inspiration Hills, its officers, directors, employees or volunteers from any and all claims, actions, suits and demands of any nature which I may have. The undersigned understand that the participant is responsible for making his/her own determination as to his/her abilities.

The terms of this informed consent form shall serve as a release, and express assumption of risk, and an expressed consent to exposure to the dangers, hazards and risks of the Challenge Course and related activities as well as a covenant not to sue all on behalf of the undersigned and the undersigned's heirs and personal representative. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force or effect.

Participant signature

Date of Birth

Signed _____
Participant

Date

Signed _____
Parent or guardian if participant is under 18 years old

Relationship to participant

Date