

PRAIRIE RIVER CAMP ASSUMPTION OF RISK FORM

Prairie River Camp is owned by South Central MN Youth For Christ, Inc.,
And will hereafter be referred to as Prairie River Camp

All participants must read and sign the ‘Assumption of Risk Form’ and the ‘Medical Disclosure Form’ prior to their participation on the challenge ropes course at Prairie River Camp. Only those with signed forms will be allowed to participate on the challenge ropes course at Prairie River Camp.

In signing this document I am aware of that participation in the ropes and challenge course and skate ramp involves certain elements that can be physically and emotionally demanding. I understand that not all dangers and hazards (i.e. cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.) can be foreseen even though the professional staff will make every reasonable effort to minimize exposure to know risks. I am further aware that these activities include certain risks and dangers that are beyond the control of Prairie River Camp has the right to deny participation and that it is my responsibility to ask for clarity and/or assistance if at any time I do not understand specific instructions from the staff.

In signing this document, I authorize activity leaders to secure such medical advice and services as deemed necessary for my health and safety and I agree to accept financial responsibility in situations involving my health and safety and I agree to accept financial responsibility in situations involving my health and well-being; and in the case that medical advice has required further services; where all reasonable attempts to contact family have failed or where the emergency situation does not allow time to make contacts; and also in the event that the benefits of my provincial health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

I understand and assume all dangers and risks associated with this course and hereby release Prairie River Camp staff and assigns, its officers/board members, employee, volunteers, agents and their heirs, executors and assigns from liability for any personal injury, property damage or other incidents that should occur due to my voluntary participation in the experience. I further consent to the instructors or other medical personnel to treat me in a medical situation. I release Prairie River Camp from responsibility for any damage to or loss of my personal property. I also give my consent for any photographs taken of me while participating in Prairie River Camp activities to be used in the proper interest of Prairie River Camp. By signing this document I intend to bind my successors, heirs, representatives, administrators and assigns.

Participant Signature _____ **Date** _____

Parent/Legal Guardian Signature (if under 18 years old) _____ **Date** _____

BOTH SIDES OF THIS FORM ARE TO BE COMPLETED AND SIGNED

PRAIRIE RIVER CAMP MEDICAL DISCLOSURE FORM
 Prairie River Camp is owned by South Central MN Youth For Christ, Inc.,
 And will hereafter be referred to as Prairie River Camp

Date _____
 Name _____ Birth Date _____ Gender _____ Height _____
 Address _____ City _____ State _____ Zip _____
 Parents/Legal Guardian (if under 18 years old) _____

EMERGENCY CONTACT

Name _____ Relation _____
 Address _____ Daytime Phone _____
 Cell Phone _____ Physician Name _____ Phone _____
 Medical Insurance Company _____ Telephone _____
 Policy Holder _____ Policy Number _____

1. Do you smoke? Yes _____ No _____ If yes, # packs/per day _____
2. Do you wear glasses/contacts? Yes _____ No _____
3. Are you under a physicians care at this time? Yes _____ No _____
4. Please list any allergies _____
5. Please list any and all current medications _____
6. Please list any recent injuries, illness or operations (please list dates) _____
7. Please list any special needs _____
8. Please list and describe any neck, shoulder or back pain, injuries (please list dates) _____
9. Do you have diabetes, seizures, fainting spells or dizziness? Yes _____ No _____
10. Do you have a history of heart problems or high blood pressure? Yes _____ No _____

If you answered yes to this questions, please note: Because of the physical and emotional demands involved in participating in ropes course activities, participants with heart problems and/or high blood pressure are at risk. Heart attacks and fatalities have occurred in situations with individuals having pre-existing heart/high blood pressure conditions who have participated in ropes course activities. Prairie River Camp cannot guarantee your physical safety should you participate. **Prior to participation, all participants answering 'yes' to question 10 are requested by Prairie River Camp to acquire written physician's approval.**

General Info. Regarding Pregnancy—Participation in ropes course activities often involves lifting, unexpected physical contact, potential falling, and waist harness usage. You will put yourself and your unborn child at risk by participating. Prairie River Camp cannot guarantee the safety of you or your unborn child if you participate. **If you are pregnant and choose to participate, Prairie River Camp requests a written physician's approval.**

General Info. Regarding Kidney Transplant patients— Participation in high ropes course activities involves wearing a waist harness. This can be damaging to the kidneys of transplant patients. You will put yourself at risk by participating. Prairie River Camp cannot guarantee your safety should you decide to participate. **If you choose to participate, Prairie River Camp requests that you obtain written physician's approval.**

I have read and fully understand this Prairie River Camp disclosure form without question. The information I have given is accurate to the best of my knowledge.

Participants Signature _____ Date _____

Parent/Legal Guardian Signature (if under 18 years old) _____ Date _____

BOTH SIDES OF THIS FORM ARE TO BE COMPLETED AND SIGNED!!