

Camp Christy Climbing Tower/Zip Line Participant Agreement & Medical Release Form

Participant & Parent/Guardian Name: _____/_____

Initial below to indicate that you have read, understood, and agree to the section following your initials. Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.

- _____ **I state that I am not now under the influence of any chemical substance including alcohol, and that I will not be under the influence of any substance when participating in the challenge course program.** I realize participating in Challenge Course/climbing structure/adventure based activities while under the influence of a substance would endanger others and myself.
- _____ **I am aware that I might be photographed and/or videotaped during my participation,** and authorize such photographs and/or videotapes to be used by Camp Christy.
- _____ **I give my consent to Camp Christy employees and to emergency medical personnel to treat me if they deem it to be medically necessary.** I authorize Camp Christy staff to secure such medical advice and services as they feel necessary for my health or wellbeing. I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.
- _____ **I agree to accept financial responsibility for any medical expenses and/or loss of income** not covered by my Insurance Policy that occurs as a result of my participation in the challenge course program.

Release of Liability

- _____ **I understand that Challenge Course/Climbing/Adventure Based activities are, by their nature, physically and emotionally demanding,** and that participating in the challenge course program may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased heart or breath rates and/or physical contact with others.
I understand that although the Camp Christy staff will make every reasonable effort to minimize exposure to known risk, not all dangers and hazards can be foreseen (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc.) I am aware that certain risks and dangers exist in the activities that are beyond the control of Camp Christy and their employees.
I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify camp Christy staff if I have safety concerns. Camp Christy staff practices the "Choose Your Challenge" philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.
I understand that Camp Christy staff has the right to deny my participation and that it is my responsibility as a Participant to follow the instructions, guidelines and procedures established by the facilitator/trainers. If, at any time, I do not understand or have not heard specific instructions given by the Facilitator/Trainers, I realize that it is my responsibility to ask for clarification and/or assistance before any participation.
- _____ **I understand and assume all dangers and risks (both known and unknown) associated with my participation in the challenge course program and waive, release and discharge Camp Christy and its owners, agents, officers, employees and all individuals assisting in the instruction from all claims or causes of action arising from my participation.** I do hereby release Camp Christy and its owners, agents officers, employees and all individuals assisting from any and all liability, even if arising from the negligence of the releasees, and agree to indemnify and hold camp Christy harmless for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of participating in the challenge course program. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.
My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.

By signing below I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the Health History Form is complete and accurate to the best of my knowledge.
 (Please additionally complete the Health History Form prior to signing this document)

Participant Signature (Minors must sign) Date

Parent/Guardian/Legal Representative Signature Relationship Date
 (Required if Participant is under 18 years of age)

Camp Christy
 320 Camp Christy Dr.
 Scott City, KS 67871
 620-872-3025

