

The Challenge Course - CAMP ALEXANDER
Assumption of Risk/Health Record  **A UNITED WAY Agency**

Name of Participant: _____ Group Name _____
 Age: _____ BirthDate: _____ Sex: _____ SS# _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Doctor's Name: _____ Contact Person in Emergency: _____
 Phone: _____ Address: _____ Phone: _____

The proposed Camp Alexander activities require participation in physical exercises that are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases.

HEART-RELATED INFORMATION

Have you had or do you currently have any heart problem? _____ Do you often feel faint or have spells of severe dizziness?
 (Dates): _____ yes no _____ yes no
 Do you frequently suffer from pains in your chest? yes no Are you a smoker? _____ yes no
 Has a doctor ever told you that you have high blood pressure? _____ (NOTE: If you have had any heart related problems you will need
 _____ yes no to have a release from a physician in order to go through a high
 elements training.

OTHER HEALTH INFORMATION

Have you had any operations or serious injuries? _____ yes no Are there any activities to be limited/discouraged (dates):
 by physicians advice? _____ yes no
 Do you have arthritis, joint, or back problems that might be aggravated by exercise? _____ yes no Are you allergic to any medicines, insects
 or pollen? _____ yes no
 Do you have Epilepsy? _____ yes no Are you currently sick and/or using a
 medication that is not listed above? _____ yes no
 Do you have Diabetes? _____ yes no Do you have any disabilities or chronic
 recurring illness? _____ yes no
 Do you have any prescribed meal plan or dietary restrictions? _____ yes no

I, _____ (name of participant), am aware that during my participation at the **Camp Alexander Challenge Course** certain risks and dangers may occur. These include, but may not be limited to, the hazards of being in a rural area, the forces of nature, and other reasons because of the content of this program. In consideration of these activities, a special environment, I have and do hereby assume all risks and will hold **Camp Alexander of Emporia, Lyon County, Kansas, Inc., its employees and Board of Directors, (Camp Alexander)**, harmless from any and all liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connections with my participation in any other activities arranged for me by **Camp Alexander**. The terms hereof shall serve as a **RELEASE AND ASSUMPTION OF RISK** for my heirs, executors and administrators and for all members of my family. In case of accident or illness, sunburn, heat exhaustion, bug bites, etc. **Camp Alexander** will attempt to provide first aid and arrange transportation to medical services if needed. Cost of medical care beyond aid is the financial responsibility of the ill or injured person. I assume full responsibility for my health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. **Camp Alexander** will be notified of any changes in participant's health status prior to the activity/trip departure. I declare the statements on this form to be true.

 (Signature of Participant)

 (Date)

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18.)

In consideration of _____ (print minor's name, hereafter referred to as "Minor") being permitted by **Camp Alexander** to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless **Camp Alexander** from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor. I assume full responsibility for Minor's health being such that the activities will in no way aggravate any conditions present. **Camp Alexander** will be notified of any changes in Minor's health status prior to the activity/trip departure. I declare the statements on this form to be true.

 (Signature of Parent or Guardian)

 (Date)

_____ **YOU HAVE PERMISSION** to use photographs
 of participant in future Camp Alexander publications.

_____ **DO NOT** use photographs of participant
 In future Camp Alexander publications.