Challenge Course Participant Release Form

BY SIGNING THIS DOCUMENT YOU ARE WAVING CERTAIN
LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING.

Name: _____ Gender _____ Date of Birth _____ Ethnicity_____
First Last

Address: _____ City/State/Zip _____

Phone ( ) _____ Email:_____ Group Leader Phone ( ) _____

Emergency Contact:
Name _____ Relationship_____ Phone ( )_____

Health Insurance Provider: _____ Policy # _____

Do you have any limited physical or emotional disabilities? Yes___ No___ If yes, please explain_____

Are you currently taking any medications? Yes_____ No_____ If yes, please explain_____

List any known physical, mental, social difficulties or other specific information which may affect/hinder participation and/or for which special consideration should be given?_____

Please initial that you agree with all items:

___ I give authorization for myself and/or my child to participate in the challenge course held at Camp Fire Angeles, 7070 E Carson St., in Long Beach, CA 90808.

___ I the participant acknowledge that there are certain inherent risks involved with the challenge course program, and understand that I am not required to participate in any activity. I hereby expressly request to voluntarily participate in this activity.

___ I understand and acknowledge that I waive and forever release and discharge the Camp Fire Angeles, it's officers, employees, agents, and volunteers from all liability , injury, claims, loss, cost or expense attributable to the activity, which are sustained but **not** directly caused by negligence or their failure to take due care.

___ I grant to Camp Fire the right to use, reproduce, assign, and/or distribute photographs, films, video tapes, and sound recordings of me for use in materials they may create.

___ If medical treatment is necessary, I hereby give Camp Fire Angeles permission to use their judgment in obtaining medical service for myself or my child and I give permission to the physician to render medical treatment deemed necessary and appropriate.

Participant's Signature_____ Date _____

If under 18 Years of Age:
Parent/Legal Guardian's name (Printed)_____

Parent/Legal Guardian's Signature _____ Date _____