

2011 - Permission Form for Indian Lake Nazarene Camp CHILD

Rock Climbing Tower and Zip Line

Telephone Number: 269-649-2281 Fax: 269-649-3745 Email: ExecutiveDir@nazcamp.org

Camper Acknowledgement of Risk and Assumption of Personal Responsibility

I understand that my participation in this adventure course activity may expose me to psychological, physical, and challenging situations.

I understand that although the camp has taken precautions to provide proper organization, supervision, instruction, and equipment it is not possible to guarantee absolute safety.

I understand that I share responsibility for my safety and I accept that responsibility.

I waive any claim that may arise against ILNC and/or its employees as a result of my participation in the Rock Climbing Wall or Zip Line, except those which are the direct result of negligence of ILNC.

I agree to comply with all instructions and directions of ILNC staff during my participation.

Camper Medical Statement

I and/or my child recognize that challenge course activities such the Rock Climbing Wall and Zip Line can be strenuous ventures requiring good physical condition. I or my child has the following condition(s).

- | | | |
|--|---|---|
| <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> Pulmonary Disease | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Drug Dependency/Addiction | <input type="checkbox"/> Back/Neck Injury | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Nervous/Mental Disorder | <input type="checkbox"/> Recent Injuries |
| <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Any Other Health Concern | |

If you checked any condition above, please explain: _____

I hereby certify that I (or my child) does not suffer from any physical or psychological infirmities or illnesses which would affect his/her ability to engage in the Rock Climbing Tower or Zip Line activity. I have accepted responsibility for verifying my or (my child's) personal health and any medical history as listed above.

I agree with my son or daughter's "Acknowledgement of Risk and Assumption of Personal Responsibility and Medical Statement". I consent for my son or daughter to participate in the Rock Climbing Tower and Zip Line Activity. I also understand that there can be no guarantee of safety against risk or unforeseen accident. I request to be contacted as soon as possible in the event of an accident and authorize the treatment of my son or daughter by a licensed medical physician in the case of any accident.

Required Parent/Guardian Signature: _____ **Tele #:** _____

Required Camper Name: _____ **Date:** _____

Print Clearly