

2011 - Zip Line and Rock Climbing Tower Family Permission Form - ILNC

Telephone Number: 269-649-2281 Fax: 269-649-3745

Email: ExecutiveDir@nazcamp.org

Acknowledgement of Risk and Assumption of Personal Responsibility

All participants listed below understand that their participation in this adventure course activity may expose them to psychological, physical, and challenging situations. The participants understand that although the camp has taken precautions to provide proper organization, supervision, instruction, and equipment it is not possible to guarantee absolute safety.

All participants listed below understand that they share responsibility for their safety and accept that responsibility. All participants wave any claim that may arise against ILNC and/or its employees as a result of participation in the Rock Climbing Wall or Zip Line, except those which are the direct result of negligence of ILNC.

All participants agree to comply with all instructions and directions of ILNC staff during adventure course activities.

Participant Names and Medical Statements

Participants understand that adventure course activities such as the Rock Climbing Wall and Zip Line can be strenuous ventures requiring good physical condition. **All physical or psychological infirmities or illnesses that would affect any participant's ability to engage in the Rock Climbing Tower or Zip Line activity must be listed below.** Each participant (or parent or guardian) accepts responsibility for verifying participant's personal health and medical history as listed immediately below.

<u>Name (Print Clearly)</u>	<u>Limiting Physical or Psychological Infirmities or Illnesses</u>
Participant #1 - _____	_____
Participant #2 - _____	_____
Participant #3 - _____	_____
Participant #4 - _____	_____
Participant #5 - _____	_____
Participant #6 - _____	_____

Participants also understand that there can be no guarantee of safety against risk of unforeseen accident(s). Permission is hereby given to be transported by local medical emergency personnel to the nearest medical emergency facility and treated by emergency medical physicians at such facility in the event of such accident.

REQUIRED - Responsible Party Signature and Contact Information - REQUIRED

Responsible Party is defined as follows:

- For participants **under 18 years of age**, the Responsible Party **must be the participant's** parent or legal guardian.
- Participants 18 years of age and over may sign for themselves.

Required Contact Information:

- **Responsible Party Signature:** _____
- **Primary Telephone Number:** (____) _____
- **Alternate Telephone Number:** (____) _____
- **Date:** _____