



## Heart O' Hills Camp and Conference Center Challenge Course Acknowledgement of Risk Informed Consent and Release Form

Any person using the Ropes Challenge Course (High or Low) must sign this release form. Please present this completed form to Heart O' Hills instructor.

\_\_\_\_\_  
Name of organizing group and date of use

### **ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK**

I understand and acknowledge that ropes course activities and all other experiential activities involved with this program have risk. The activity I am about to engage in voluntarily, bears certain risks which could result in injury, death, or damage to my property. These activities will be similar to a very active day of recreational activities. They are designed to be safe. Each activity will be explained by staff and safety systems will be used when appropriate. Some activities will take place at heights up to 50 feet and require normal physical exertion. I will have choice regarding my participation. I will not be required to participate against my wishes. I will not be able to participate if I do not meet the minimum required age of 12 and height of 54" or am over 250 pounds. I understand, acknowledge and hereby accept and assume all responsibility and risk arising from my voluntary participation in this activity. I have read this section, and **initial** to show that I understand and agree: \_\_\_\_\_

### **RELEASE OF LIABILITY**

I agree that I will not sue or otherwise make any claim against The Salvation Army, its agents, employees, and contractors for any and all injury, death, illness or disease, and damage to my personal property arising out of, or are in any way connected with my participation in this activity. I have read this section, and **initial** to show that I understand and agree: \_\_\_\_\_

### **MEDIA RELEASE**

I understand that I (or my child) will be photographed or videotaped for general company, website, and/ or agency publicity. I have read this section, and **initial** to show that I understand and agree: \_\_\_\_\_

### **MEDICAL CHECK**

Do any of the following medical conditions apply to the participant? (Please explain if yes to any question)

Heart Condition*	No	Yes	_____
Are you Pregnant*	No	Yes	_____
Back or Neck Injuries	No	Yes	_____
Allergic reactions	No	Yes	_____
Knee, bone or Joint Injuries	No	Yes	_____
Epilepsy* Seizure* or Asthma	No	Yes	_____
Recent Surgeries	No	Yes	_____
Currently taking medication	No	Yes	_____

\* Participants must have a medical doctor's written permission to participate if he or she has answered yes to any of these questions.

Name of Participant: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Emergency Contact Name and Phone Number \_\_\_\_\_

### **ENTIRE AGREEMENT**

I understand that this is the entire agreement between myself and The Salvation Army, its agents, employees, and contractors and that it cannot be modified or changed in any way by the representation or statements of any employee or agent of The Salvation Army or by me.

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN** (If participant is under age 18)

**DATE** \_\_\_\_\_