

**JACOB'S LADDER CAMPS & RETREATS
INFORMATION FOR RENTING ORGANIZATIONS**

**Please print the following pages,
have each member of your group fill
out and sign them, and return them to
Jacob's Ladder before your group
begins any activities**

JACOB'S LADDER CAMPS & RETREATS INFORMATION FOR RENTING ORGANIZATIONS

WILLOW SPRINGS BOYS RANCH, INC. DBA JACOB'S LADDER

RELEASE AND INFORMED CONSENT

The undersigned ("the Participant") hereby acknowledges that I have voluntarily applied to participate in the Jacob's Ladder Camp and/or Challenge Course portion of the program.

I am aware that the activities of Jacob's Ladder will necessarily involve participation in exercises which by their nature may be considered inherently dangerous and physically demanding and may subject the Participant to stress, anxiety, and other hazards, not all of which can be foreseen. It is fully understood that the Participant may include but not limited to climbing and walking on cables, logs, ladders, walls, and beams. The Participant will participate in activities, which may be at substantial heights above the ground.

Prior to my participation, I will be advised of the rules and requirements governing my participation. I agree to accept and abide by those rules and requirements.

I agree that if at any time I believe the Jacob's Ladder activities are beyond the scope of my capabilities, I will immediately so notify the Jacob's Ladder personnel and withdraw from participation.

In consideration of being allowed to participate in the Jacob's Ladder course, I hereby release and covenant not to sue Willow Springs Boys Ranch, Jacob's Ladder, Challenge Quest, LLC. (CQ), and any of Willow Springs Boys Ranch/Jacob's Ladder and/or CQ's affiliated companies as well as their board of directors, officers, staff, employees, owners, agents and any individual or company (the Releasees) assisting, instructing or conducting the Jacob's Ladder activities from all liability of any nature for any and all injuries, loss, death, claim or damage I may suffer due to my own negligence. This release is binding on my heirs, personal representatives, and assigns.

INFORMATION TO ASSESS PARTICIPATION LEVEL QUESTIONNAIRE

Please read and check your response to each question.

1. Do you have a healing fracture or joint injury? YES NO
2. Do you have any abdominal organ enlargement? YES NO
Enlarged spleen may occur as the result of mononucleosis, or enlarged liver from a condition such as hepatitis
3. Do you have insect allergies? YES NO
You should have an Epi-pen or other self-treatment if you are susceptible
4. Are you pregnant? YES NO
5. Have you had an organ transplant? YES NO
6. Do you have asthma? YES NO

You should bring your medication with you to the program. Be aware that, as in any physical activity, your heart rate can increase due to participation. If you are aware of a personal heart history, we request you self-monitor or withdraw from activity that may over-stress you.

The above information accurately reflects my current state of health.

JACOB'S LADDER CAMPS & RETREATS

INFORMATION FOR RENTING ORGANIZATIONS

SELF-GUIDE FOR DETERMINING PARTICIPATION IN ACTIVITIES

Information for persons determining participation in challenge course activities. See below for appropriate action based on positive responses to questions on the "Information to Assess Participation Level" questionnaire.

Limiting your participation in the physical group activities does not exclude you from being an active participant in the process. There are several other roles you can fulfill if you are unable to fully participate in the physical activities. Your facilitator can help you discover those opportunities.

If a positive response is given to the question:

1. **(Healing Fracture or joint injury)** It is suggested that you check with your doctor if in doubt about the activity.
2. **(Organ enlargement)** You may not wear a harness, but may participate in all other activities.
3. **(Insect allergies)** Have the kit to administer appropriate medication with you on the course. You must have received instruction on how to administer the injection properly.
4. **(Pregnancy)** You will be excluded from all activity where you might fall, or get a shock load to the body. You may not participate where a harness is required. You must not be involved in heavy lifting.
5. **(Organ transplant)** You may not participate where a harness is required.
6. **(Asthma)** Be aware of your own well being. Make your way into an inside facility if needed. If a severe attack occurs, a call to 911 can be made for transportation to a medical facility.

As in any physical activity, be alert to discomfort, light headedness or other indications of a possible cardiac incident. Make an intelligent decision early for yourself about your level of participation.

By my signature below, I certify that I have read and understand the contents of this Informed Consent AND - have not taken any medication and have no known physical or medical condition that would impair my capability for full participation in Jacob's Ladder activities; OR - assume responsibility for any potential adverse impact any condition or medication may have upon my full participation in Jacob's Ladder activities.

I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND THE CONTENTS. I AM AWARE THAT THIS IS BOTH A RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF NOTICE AND HAVE SIGNED IT OF MY OWN FREE WILL.

Print Name

Parent Signature

Participant Signature

Date

Date

PARENT SIGNATURE REQUIRED FOR PARTICIPANTS UNDER THE AGE OF 18 YEARS OLD