

DISCLOSURE: CAMP D ADVENTURES programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, rafting, rock climbing, rappelling, canoeing, orienteering, caving, horseback riding, hiking, back packing, camping and other rigorous physical adventure activities. (The level of participation in a program activity is at all times completely up to the individual's choice.) Yet there is a risk which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death. Every participant in CAMP D ADVENTURES programs is required to have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if need arises. This information will be held in confidence. Please complete this form and return it to CAMP D ADVENTURES, 136 SE Front St, Dongola, Ill 62926 to participate in any activities.

Name of Expedition_____

PARTICIPANT INFORMATION:

Date of Participation_____

1. Name_____ Social Security#_____
Address_____ City, State, Zip_____
Home Phone_____ Business Phone_____
Birth Date_____ Gender_____ Height_____ Weight_____
2. Person to contact in case of emergency_____
Relationship to participant_____
Home Phone_____ Business Phone_____
3. Do you have health/accident insurance? _____ Yes _____ No
If yes, name of company and policy number_____
4. Do you have any limiting physical or mental disabilities or medical restrictions (temporary or permanent) that could present a hazard to yourself or others during the duration of this program?
_____ Yes _____ No
If yes, identify and explain:
5. Are you currently taking medication (prescribed or otherwise: e.g., cold medicine)?
_____ Yes _____ No
If yes, state what you are taking and what condition it is for:
6. Do you have any allergies, reactions to medications, any other medical limitations?
_____ Yes _____ No
If yes, identify and explain:
7. Shoe Size_____. Please check: Mens_____ Womens_____

RELEASE OF LIABILITY: I understand that parts of the CAMP D ADVENTURES program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under physician's care for any undisclosed condition that bears upon my fitness to participate in CAMP D ADVENTURES activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I understand that these terms shall serve as a release of liability for my heirs, executors, administrators and for all members of my family. I have carefully read this Disclosure and Release of Liability and fully understand its content.

Date

Signature

PHOTO/MEDIA RELEASE: I grant to CAMP D ADVENTURES, and persons acting for or through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

Date

Signature

PARENTAL WAIVER OF CLAIMS: Parental permission must be secured for participants who are not of legal age (18 years) If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the follow:

I/we _____ (parents' or guardians' name(s) give permission for my (our) child _____ (child's name) to participate in the CAMP D ADVENTURES program and associated field trip(s). Should my/our child become injured, I/we request that the trip leader(s) secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and do hereby release CAMP D ADVENTURES and its employees from liability for any damages, injuries, or losses which may occur while said child is participating in this CAMP D ADVENTURES program.

Date

Parent or Guardian Signature (if Participant is under 18)