

**This form and \$\$ due by
Friday, August 27th**

**First Church of Lombard
United Church of Christ
Saturday, September 11, 2010
“Super Day” High Adventure Course
Covenant Harbor, Lake Geneva, WI**

Registration & Release Form

Participant name: _____

Cost: \$45

The undersigned parent/guardian of the participant named above gives permission for that participant to travel to with **staff and adult volunteers to Covenant Harbor, 1724 Main Street, Lake Geneva, WI on Saturday, September 11, 2010**, and assumes all responsibility for any injuries to that participant and any loss or damage of property that may occur. The undersigned also indemnifies and holds harmless First Church of Lombard, United Church of Christ, the Illinois Conference of the United Church of Christ, the United Church of Christ, and any and all leaders supervising such activity, against any and all direct or indirect claims and damages whatsoever in connection with this outing. **Further, the undersigned grants permission to Becky Kirsh and Rev. Robert Hatfield to obtain any needed medical treatment for this participant.**

Parent/Guardian Signature

Date

Phone # where parent/guardian can be reached in an emergency _____

All Participants must have a current Emergency Medical Information Form on file at First Church. Copies are available in the church office or can be downloaded from our website.



Acknowledgement of Risk, Assumption of Responsibility & Medical Information Sheet

Snake Road Adventure Center Teams Challenge Course programs involve a variety of activities that often include warm-ups, exercises, activities, group initiative problems, climbing tower, zip line, low and high element challenges. Participants engage in Teams Challenge Course activities always by their own choice, so the risk of injury must be assumed by the individual (we use *challenge by choice*© Project Adventure principles)*. Indoor/Outdoor activities can be strenuous and often offer exercise of a different nature than some participants are used to. We do not want you to engage in activities that would be detrimental to your health or which might be opposed by your physician because of illness, injury or surgery. Participants of the Teams Challenge Course must have their own health insurance coverage. We ask you for the following information so we can be aware of potential problems to better help you safely enjoy your experience. Thank you for your assistance!

*The *Snake Road Adventure Center* follows national protocols for safe facilitation and for facility maintenance and inspections.

Name _____		Group _____	
Gender _____	DOB _____	Height _____	Weight _____
Address _____		Phone _____	
City/State _____		Zip Code _____	
In case of emergency, notify: _____		Relationship _____	
Home Phone _____		Business Phone _____	

Check and add detail to all those that apply:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Allergic to plants or food? <input type="checkbox"/> Allergic to medication? (Specify) <input type="checkbox"/> Allergic to insect bites/stings? Do you carry medication? <input type="checkbox"/> Diabetes? Are you taking insulin? <input type="checkbox"/> Heart disease? (Specify) <input type="checkbox"/> Epilepsy, fainting spells, and seizures? (Specify) <input type="checkbox"/> Asthma? Do you carry medication? | <ul style="list-style-type: none"> <input type="checkbox"/> High blood pressure? Do you take medication? <input type="checkbox"/> Back problems? (Specify if known) <input type="checkbox"/> Dislocations/sprains/fractures? (Specify) <input type="checkbox"/> Have you ever suffered from heat stroke? <input type="checkbox"/> Have you ever suffered from heat exhaustion? <input type="checkbox"/> Are you pregnant? Which trimester? <input type="checkbox"/> Are you currently under a doctor's care? (Specify) <input type="checkbox"/> Are you currently taking any medication, prescription or non-prescription? (Specify) |
|---|--|

Specific Details: _____

Are there any limitations on your activity? (Specify) _____

I understand that aspects of the *Snake Road Adventure Center Teams Challenge Course* program may be physically and emotionally demanding. I affirm that the above medical information is true, that my health is good and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Teams Challenge Course activities. I understand that I will be participating in activities outside or inside in a variety of environmental conditions, which may include sun, rain, wind, and snow and in a range of temperatures. I understand that there are inherent risks in the Teams Challenge Course/Outdoor Education activities and I agree to follow the directions and safety rules of my facilitators and cooperate with them.

Participant's Signature _____ Date _____

Participant's Name (please print) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

Photo Release	<p>Furthermore, I grant Covenant Harbor Bible Camp and Retreat Center and the <i>Snake Road Adventure Center</i> and persons acting for or through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself, for use in materials they may create for promotional reasons.</p> <p>Participant's Signature _____ Date _____</p> <p>Parent/Guardian Signature _____ Date _____</p>	Photo Release
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- Please do NOT include me on any Covenant Harbor or *Snake Road Adventure Center* mailings regarding upcoming programs and events.