



24175 S. E. Hwy 450, P. O. Box 49, Umatilla, FL 32784 * 352-669-9443 or 1-800-523-1673

ROPES CHALLENGE COURSE PARTICIPATION AGREEMENT - ASSUMPTION OF RISK

1. I (Please print participants full name) _____ understand that the Florida Elks Youth Camp's Ropes Challenge Course is an outdoor adventure activity and that certain known and unknown inherent risks may exist in relation to this unique activity.

2. I understand that some, but not all, of the risks may include:

extreme temperature or weather conditions
risk of falling and/or equipment failure
emotional distress
serious injury

bruises and/or scrapes to body
bee stings or insect bites
heat exhaustion-heat stroke
physically difficult conditions

3. I understand that the Florida Elks Youth Camp operates all programs on a **Challenge by Choice** basis. I understand that I am free to choose **NOT** to participate in any activity or **PART OF** any activity that I do not want to participate in.

4. I understand that the Florida Elks Youth Camp's Ropes Challenge Course staff will meet professionally accepted standards of care and safety. I understand that safety rules will be discussed throughout the day and it is my responsibility to ensure that I understand and follow all safety guidelines.

5. I understand that it is my responsibility to inform the Florida Elks Youth Camp staff of any and all physical limitations, liabilities, or injuries including but not limited to: neck and back problems, recent surgery, allergies and any other medical situations.

6. I understand that the Florida Elks Youth Camp, its staff, employees, independent contractors and associates shall not be held liable or responsible in any way to me for bodily injury, illness (whether mental or physical), property damage or loss. The terms hereof shall serve as a release and assumption of risk for myself and all members of my family. Should the Florida Elks Youth Camp, or anyone acting on its behalf, be required to incur attorney's fees to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

7. Specifically exempted from this release are any injuries caused by the gross negligence of any Florida Elks Youth Camp staff as it specifically relates to the Ropes Challenge Course safety procedures.

8. I HAVE READ UNDERSTOOD AND ACCEPTED THE CONDITIONS STATED HEREIN AND HEREBY ACCEPT THE CHALLENGE OF THE FLORIDA ELKS YOUTH CAMP ROPES CHALLENGE COURSE PROGRAM.

Participant

Date

Witness/Parent/Legal Guardian

Date

FLORIDA ELKS YOUTH CAMP, INC.
INFORMED CONSENT/MEDICAL INFORMATION
Please Print In Black Ink ONLY

Group Name: _____ Course Date: _____

Participant's Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ SSN#: _____

Name of Personal Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Do you have health/accident insurance? (please check) _____ Yes _____ No
If yes, please list carrier and policy number: _____

Do you have any limiting physical health disabilities? (please check) _____ Yes _____ No
If yes, explain: _____

Are you taking any medication, prescribed or otherwise? (please check) _____ Yes _____ No
If yes, list medication and condition for which medicine is taken. _____

List any and all known allergies, (ie: medicine, insects, etc.) _____

If allergic to bee stings/ant bites, do you carry a sting/bite kit? (please check) _____ Yes _____ No

Please answer Yes or No to the following questions: Can you swim? _____ Are you pregnant? _____
Do you wear contact lenses? _____ Under the influence of any chemical substance including alcohol? _____

Do you currently have or have had in the past any of the following symptoms or conditions? (please mark with a yes or no beside each item)

_____ Heart Disease or Heart Attack	_____ Asthma	_____ Inhaler present?
_____ High Blood Pressure	_____ Epilepsy	
_____ Chest Pains, Palpitations or Heart Murmur	_____ Drug Reactions	
_____ Stroke	_____ Back, Neck or Knee Problems	
_____ Diabetes	_____ Recent Injuries of any kind	
_____ Any history of any of the above mentioned in your family?		

If you marked YES to any of the above, please explain each item & give dates: _____

List any other condition(s) we should be aware of: _____

Signature** of participant indicates an understanding of the above information and a release to treat, in the event of an emergency. I and my family release FEYC, its employees, staff and other agents from any claims or liability arising out of my participation in the Florida Elks Youth Camp Ropes Challenge Course.

Participants Signature: _____ Date: _____

** Parents/Guardians Signature if participant is under 18: _____

** Printed Name of Parents/Guardians: _____ Emergency Phone #: _____