

University of Illinois 4-H MEMORIAL CAMP

Monticello, Illinois

INFORMED CONSENT/LIABILITY RELEASE Challenge Course and High Adventure Activities

I, (print name) _____ hereby confirm that I understand and agree with each and all of the following statements regarding participation in the Challenge Course and High Adventure Activities at the University of Illinois 4-H Memorial Camp. I am aware and understand that participation in a challenge course program is physically challenging, potentially dangerous and involves risk of injury, serious injury, and/or death. Participation is strictly optional.

1. I understand that the activity/program or any part of it may have to be cancelled or re-scheduled on short notice due to unforeseen circumstances, including but not limited to bad weather. In such cases, the program may be re-scheduled.
2. I shall hold harmless the University of Illinois, the University of Illinois 4-H Camp, it's employees, it's instructors, activity and/or program leaders, and all others involved in planning, organizing, and conducting this activity/program from any and all claims, including but not limited to claims of injury or loss of life and property that may occur arising out of my participation in this program. I shall exercise caution and solely accept full responsibility for any injuries and/or loss that may occur to me, or my property; as well as injury or harm to others or their property, which are my fault.
3. I acknowledge that, despite knowing the potential for harm, I am still a willing participant in the activity/program.
4. I further acknowledge/confirm that the University of Illinois is not responsible for any lost time or wages I may suffer as a result of my participation in this activity/program.

NAME (please print) _____

Mailing Address: _____

Program Date: _____

Health History – Voluntary Disclosure:

The purpose of collecting this information is to ascertain your ability to participate safely in this activity.

1. Would you describe your current physical fitness and activity level as either:

LOW MEDIUM HIGH

2. Is there a medical condition you should disclose prior to engaging in this activity which may effect your participation, including but not limited to a heart condition; pre-existing injury to an ankle, knee, or back; any medications that could impact your health or safety; and/or any allergies you may have (food, insects, bees, medications, etc.)

No Yes Details: _____

In case of Emergency notify:

Contact:(Name) _____ Relationship: _____ Phone Number: _____

Participant Signature _____ **Date:** _____

Parent/Guardian Signature _____ **Date:** _____

(If participant is under 18 years old)