

MEDICAL STATEMENT

I recognize that challenge course activities can be a strenuous endeavor requiring me to be in good physical condition. I hereby certify that I do not suffer from any physical infirmities or illnesses which would affect my ability to engage in the challenge course activities and that if I am now under the treatment for any of the following, I will circle the proper heading and discuss them with the Camp Wartburg instructor. I further certified that I am not on any regular medication and have not taken any alcoholic beverages or drugs within the last 12 hours.

- | | | |
|---|------------------------------|--------------------|
| Circle appropriate headings: | Kidney Related Disease | Alcoholism |
| Cardiac or Pulmonary Condition or Disease | Hearing Loss or Impairment | Mental Distress |
| Nervous Disorder | Shortness of Breath | Pregnancy |
| High or Low Blood Pressure | Drug Addiction or Dependency | Insect Allergies |
| Diabetes | Back or Neck Injury | Recent Injuries |
| Fainting Spells or Convulsions | Any Orthopedic Problem | Any Other Concerns |

Print Name _____ Date _____

Signature _____

Parent Signature _____ Date _____

ACKNOWLEDGEMENT OF RISK AND ASSUMPTION OF PERSONAL RESPONSIBILITY

I understand that during my participation in this adventure course or activity I may be exposed to psychologically and physically stressful and challenging situation.

I understand, too, that although the program has taken precautions to provide organization, supervision, instruction, and equipment, for each activity it is impossible for the program to guarantee absolute safety. Also, I understand that I share responsibility for safety and I assume that responsibility. Further, I waive any claim that may arise against Camp Wartburg and/or it's employees as a result of my participation in the program, except those which are the direct result of the gross negligence of Camp Wartburg, its affiliate, or their employees.

I have accepted responsibility for verifying my personal health and my medical history on the reverse side of this sheet and that I have no physical or psychological problems that would prohibit my participation in this program.

I further agree to comply with all instructions and directions of Camp Wartburg staff during my participation.

Print Name _____ Date _____

Signature _____

I (we) agree with the above stated terms and acknowledge that there can be no guarantee of safety against risk and unforeseen accident, as detailed above, and consent to the participation of the above named participant in the adventure program. In case of emergency, I understand that every effort will be made to contact parents or guardians of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or for surgery for my child, as named herein.

() Yes () No Pictures of our child my be used by Camp Wartburg for promotional purposes.

Parent Signature _____ Date _____



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