

Participant Information and Release Form For Adventure Programs

Camp Hebron's adventure programs integrate a variety of activities that include warm-ups, games, group initiatives, low and high ropes, rock climbing, rappelling, mountain biking, canoeing, kayaking, indoor climbing wall and other rigorous physical adventure activities. The level of individual participation is up to each person. Yet, there are inherent risks involved with each adventure activity that must be assumed by each participant.

Certain health/medical information must be made known to the instructor(s) conducting your adventure experience, so that they can appropriately respond if necessary. This information will be held in confidence. **Each individual that will participate in any part of our adventure activities must fully complete and return this form to Camp Hebron prior to participation. Failure to do so will forfeit your participation in adventure activities.**

1. Name _____ Date of adventure activity _____ Age _____

2. Do you have any limiting physical, medical, and/or emotional conditions or limitations? YES__ NO__
If yes, please identify and explain.

3. Have you undergone a kidney transplant or had other surgery in the last two months? YES__ NO__

4. Are you currently seeking or have received care from a medical professional in the past for any of the following: YES__ NO__

Heart disease

High blood pressure

Pregnancy (currently)

If yes, please explain.

RELEASE OF LIABILITY/ and PUBLICITY RELEASE

I understand that aspects of Camp Hebron's adventure programs may be physically and emotionally demanding. I affirm that I am in good health, and that I am not under a physician's care for any undisclosed condition that bears upon my ability to participate in these activities. I recognize the inherent risk of injury or disability in these activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release Camp Hebron, all staff members, volunteers, and board of directors from all liability for any injury to me from participating in these activities. The participant grants Camp Hebron, Inc., 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 and distribute (unless instructions to the contrary are written below).

SIGNATURE OF PARTICIPANT PRINTED NAME OF PARTICIPANT DATE

Parent/Guardian signature (if under 18 years of age)

SIGNATURE OF PARENT/GUARDIAN PRINTED NAME OF PARENT/GUARDIAN DATE

Daytime Phone(_____) _____ Mailing Address _____

Person to call in case of emergency _____ Phone(_____) _____