

In signing this document, I am aware that participation in all activities including the paintball course and the ropes and challenge course involves certain physically and emotionally demanding elements. I understand that not all dangers and hazards (i.e. cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.) can be foreseen, even though the professional staff will make every reasonable effort to minimize exposure to known risks. I am further aware that these activities include certain risks and dangers that are beyond the control of Prairie River Camp. Prairie River Camp has the right to deny participation in any activities including the paintball course and ropes and challenge course activities. It is my responsibility to ask for clarity and/or assistance if at any time I do not understand specific instructions from the staff.

In signing this document, I authorize activity leaders to secure medical advice and services as deemed necessary for my health and safety. I agree to accept financial responsibility in situations involving my health, safety, and well being. Situations include: in the case that medical advice has required further services; where all reasonable attempts to contact family have failed or where the emergency situation does not allow time to make contacts; and in the event that the benefits of my provincial health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

I understand and assume all dangers and risks associated with all activities including the paintball course and the ropes challenge course and hereby release Prairie River Camp staff and assigns, its officers/board members, employees, volunteers, agents and their heirs, and executors from liability for any personal injury, property damage or other incidents that should occur due to my voluntary participation all activities including the paintball course and the ropes and challenge course activities. I further consent to the instructors, staff, or other medical personnel to treat me in a medical situation. I release Prairie River Camp from responsibility for any damage to or loss of personal property. I also give my consent for any photographs taken of me while participating in Prairie River Camp activities to be used in the proper interest of Prairie River Camp. I also agree to receive email updates concerning this camp or event and future opportunities at Prairie River Camp. By signing this document, I intend to bind my successors, heirs, representatives, administrators, and assigns to the contents of this document.

Participant Signature _____ Date ____/____/____

Parent/Legal Guardian Signature (if under 18 years old) _____ Date ____/____/____

Name _____ Birth Date ____/____/____ Gender _____ Height _____
 Address _____ City _____ State _____ Zip _____
 Phone (____) _____ Grade _____
 Parents/Legal Guardian (if under 18 years old) _____
 Parent EMAIL _____

EMERGENCY CONTACT

Name _____ Relation _____ Phone(____) _____
 Physician Name _____ Phone (____) _____
 Medical Insurance Carrier _____ Phone _____
 Policy Holder _____ Policy Number _____

Do you smoke? Yes ___ No ___ If yes, # packs/per day _____
 Do you wear glasses/contacts? Yes _____ No _____
 Are you pregnant? Yes _____ No _____
 Are you under a physicians care at this time? Yes _____ No _____
 Please list any allergies _____
 Please list any and all current medications _____
 Approved pain reliever: Ibuprofen/Aspirin-free/None/Other _____
 Please list any recent injuries, illness or operations (please list dates) _____
 Please list any special needs _____
 Please list activity limitations/health conditions (please attach page) _____
 Please list and describe any neck, shoulder or back pain, injuries (please list dates) _____

Do you have diabetes, seizures, fainting spells or dizziness? Yes _____ No _____
 Do you have a history of heart problems or high blood pressure? Yes _____ No _____
 If you answered yes to this questions, please note: Because of the physical and emotional demands involved in participating in ropes course activities, participants with heart problems and/or high blood pressure are at risk. Heart attacks and fatalities have occurred in situations with individuals having pre-existing heart/high blood pressure conditions who have participated in ropes course activities. Prairie River Camp cannot guarantee your physical safety should you participate.

General Info. Regarding Pregnancy—Participation in ropes course activities often involves lifting, unexpected physical contact, potential falling, and waist harness usage. You will put yourself and your unborn child at risk by participating. Prairie River Camp cannot guarantee the safety of you or your unborn child if you participate. If you are pregnant and choose to participate, Prairie River Camp requests a written physician’s approval.

General Info. Regarding Kidney Transplant patients— Participation in high ropes course activities involves wearing a waist harness. This can be damaging to the kidneys of transplant patients. You will put yourself at risk by participating. Prairie River Camp cannot guarantee your safety should you decide to participate. If you choose to participate, Prairie River Camp requests that you obtain written physician’s approval.

I have read and fully understand this Prairie River Camp disclosure form without question. The information I have given is accurate to the best of my knowledge.

Participants Signature _____ Date ____/____/____

Parent/Legal Guardian Signature (if under 18 years old) _____ Date ____/____/____