

Williamsburg Christian Retreat Center Faith Adventures Ropes Course Medical Information and Informed Consent

Faith Adventures is a challenge/ropes course involving a series of group initiatives, team-learning and character building activities. The activities use natural and man-made resources including ropes, cables, walls, ladders, and other resources in a wooded setting. Low Ropes activities occur within 10 feet of the ground. High Ropes Course participants (including Zip Line and Tree Climb) ascend up to 65 feet from the ground. A trained instructor leads the participants in the activities.

Participant's Name: _____ Phone# () _____ - _____

Address _____ City _____ State _____ Zip _____

Group Name: _____ Date(s) of Course: ____ / ____ / ____

In case of emergency contact _____ Ph# () _____ - _____

Name of personal physician _____ Ph# () _____ - _____

Ins. Company _____ Policy No. _____

List known allergies:

List required medications:

Are you allergic to bee stings? _____ Do you have a bee sting kit (if allergic)? _____

Do you wear contact lenses? _____ Are you pregnant? _____

Have you had or do you now have (circle if yes): Diabetes Asthma Angina Epilepsy Chest Pains
Drug Reactions High Blood Pressure Heart Murmur

Have you ever had a heart attack? _____ If yes, explain your current physical condition on back of this form, including date of heart attack.

Have you ever had any serious disease or surgery? _____ If yes, explain and include date on the back of this form.

Do you have any other medical conditions that we should be aware of? _____ If yes, explain on back of form.

I am not under the influence of any chemical substance including alcohol. I understand that any physical activity involves a risk of injury. I also understand that my participation in the Williamsburg Christian Retreat Center ropes course is entirely voluntary. I give permission for photographs or video that include myself (my son, or daughter) to be used in publicity.

Primary insurance covering any accidents that might occur during my participation in the Faith Adventure Ropes Course is the responsibility of my church, organization, or family.

I release Williamsburg Christian Retreat Center, its' owners, employees and staff, from any claims or liability arising out of my participation.

Signature _____ Date ____ / ____ / ____

*If the participant is under age 18, the above signature must be a parent or legal guardian.