

**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. Due to rescue scenarios there is a **250 pound weight limit for high ropes, tree climb and zip line.***

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.