



Camp Roger

Adventure Course Informed Consent Form

ACKNOWLEDGEMENT OF RISK

You are scheduled to participate in an adventure-based experience at Camp Roger that will involve a variety of physically and emotionally challenging activities. This includes, but is not limited to, warm-ups, games, low and high ropes challenge course elements, etc. A trained instructor will provide a safety orientation and will facilitate each activity. However, there is a potential for injury and this risk must be assumed by each participant. At no time will you be forced to do anything. Participation in individual activities and elements is voluntary at all times. We recommend that each participant have health or accident insurance coverage and/or be covered under a group liability or workers compensation insurance plan. In addition, certain health information must be shared with our facilitators, so that we are prepared to respond appropriately if the need arises. Please complete the information below and return it signed to Camp Roger prior to your adventure experience.

HEALTH INFORMATION

Below are some common health history issues that participants should consider prior to participating in the adventure experience. Please monitor your health carefully and discuss any concerns with a Camp Roger instructor prior to engaging in these activities:

Cardiac/pulmonary condition	Insect Allergies	Recent Injuries
Fainting spells/convulsions	Back or Neck Injury	Pregnancy
Any Orthopedic Problem	Shortness of Breath	High Blood Pressure

INFORMED CONSENT

I understand that there are risks of personal injury that accompany my participation in programs at Camp Roger. By signing below, I acknowledge that I have been informed as to the nature of these activities and the possible risks associated with them. I have accurately completed the health information section and affirm that I am able and willing to participate in these activities, with restrictions as listed. I understand that I may choose to not participate in any activity and that I assume responsibility for my actions. Furthermore, I give the staff at Camp Roger my permission to seek necessary treatment by licensed medical personnel for my minor child in the event of an emergency. This authority is granted only after a reasonable effort has been made to reach me as a parent.

I also agree to hold Camp Roger and its directors, officers, employees, volunteers, and other organizations using the camp, harmless from any and all claims or suits, whether valid or not valid, and damages arising out of or resulting from our use of the camp or adventure course or from the activities of any person or our group; whether occurring on or off the adventure course or the camp premises.

Group Name: _____ Emergency Phone Number: _____

Participant Signature: _____ Birth Date: _____ Date: _____

Parent Signature (if participant is under 18 years old): _____ Date: _____

Address: _____