

Meadowkirk Challenge Course Participant Information/Agreement



Participant Name _____ Age _____
 Home Phone (____) _____ Alt. Phone (____) _____
 Address _____
 City _____ State _____ Zip _____

Group Name _____ Event Date _____

Emergency Contact _____
 Home Phone (____) _____ Alt. Phone (____) _____

AS A PARTICIPANT / PARENT OR GUARDIAN I UNDERSTAND THAT:

Meadowkirk is not making a determination of a participant’s fitness for an event; rather, the participant represents to Meadowkirk and verifies that they are physically fit and ready for an event.

It is important to discuss all medical conditions and/or physical activity concerns with a Meadowkirk Staff member prior to participation in all activities. All information given will be held in strict confidence.

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during an event. I represent and warrant that I have provided all materials and important information to Meadowkirk pertaining to my medical, mental and physical condition related to my participation. I agree to notify Meadowkirk of any changes in my mental, physical or medical condition prior to my scheduled event.

Medications (prescribed or over the counter) arriving with participants must be in original pharmacy labeled containers and kept with the group leader. Meadowkirk staff are not permitted to administer any medications.

All participants are required to wear closed toe, tie on shoes. Please come dressed appropriately by wearing comfortable clothing, including a shirt that can be tucked in. No tank tops, shirts with bare backs, or tube tops should be worn. Long pants are suggested, but if you wear shorts, make sure they are long shorts. Please come prepared to remove all jewelry, (including body jewelry.)

Please circle either **yes** or **no** for the following questions. Do you (the participant) have currently or have a history of:

- | | |
|--|--|
| 1) Yes No Diabetes or Blood Sugar Problems | 7) Yes No Musculoskeletal injuries, breaks, sprains or dislocations |
| 2) Yes No Asthma or Respiratory Problems | 8) Yes No Orthopedic conditions that are aggravated by physical activity |
| 3) Yes No Epilepsy or Seizures | 9) Yes No Mental or Neurological Problems |
| 4) Yes No Heart Disease | 10) Yes No Bleeding Disorders |
| 5) Yes No High Blood Pressure | |
| 6) Yes No Are you pregnant | |

Please explain any “yes” answer(s) below, attach additional page(s) if necessary.

Please list any allergies (including but not limited to medication, food, insect stings, plants, etc.)

Please list any additional medications you are required to take on a regular or emergency basis _____

AS A PARTICIPANT/ PARENT OR GUARDIAN, I UNDERSTAND AND ACKNOWLEDGE THAT:

- ❖ Participation in challenge course activities entails known and unanticipated risks which could result in physical or emotional injury or damages to myself/my child, to property or to third parties. I acknowledge that such risk cannot be eliminated without jeopardizing the essential qualities of the activity.
- ❖ Meadowkirk take reasonable precautions to insure that challenge course and ropes course programs, are conducted by qualified personnel in a safe and responsible manner. However, I further understand that these activities involve certain risks, both physical and emotional. I acknowledge and assume the risk of injury and/or disability inherent with being an active participant in Meadowkirk challenge/ropes course activities.
- ❖ I have disclosed all medical conditions and all physical activity concerns on the attached **“Meadowkirk Challenge Course Participant Information/Agreement.”**
- ❖ Parts of this program can be physically demanding and the potential for injury to myself/my child exists even though safety systems are provided. I agree to assume, and bear the costs of all risks that may be created, directly or indirectly, by any medical condition that I/my child may have.
- ❖ The Meadowkirk Staff will not disclose any medical conditions or concerns to any parties or to other participants except as may be required in case of emergency.
- ❖ All of the program activities are strictly voluntary, and it is always the responsibility of the participant to limit his or her participation in any way he or she deems appropriate. I further understand that my minor child may not be able to adequately assess his/her ability to perform certain activities.
- ❖ Failure to follow safety instructions may lead to a participant’s removal from the group or activity. Discretion is left entirely to Meadowkirk staff to determine whether and when removal is appropriate.
- ❖ Meadowkirk may photograph and/or film me and/or my child and use these images in publicity information.

AS A PARTICIPANT /PARENT OR GUARDIAN, I AGREE:

- ❖ To hold harmless Meadowkirk, National Capital Presbytery, and their officers, employees, and agents from any claim, damage, liability, injury, expense or loss, including defense costs and attorney’s fees, arising from activities under this agreement.
- ❖ To authorize Meadowkirk to initiate emergency evacuation or treatment in case of serious injury or illness. In case of an emergency, Meadowkirk will notify the parents, guardians, or emergency contacts of the participant as soon as possible.

By signing this document, I acknowledge that I have provided medical information accurately and have read and fully understand and agree to all points herein contained within this document. Any participants under 18 Years of Age must have a Parent/guardian Signature in addition to their own

Participant Name (Printed) _____

Parent/Guardian Name (Printed) _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____