

To **Zip-line** at Waiting For God's Best Retreat pg. 1 of 2

Church: _____ Youth pastor/ leader: _____

Mt. Lebanon Camp

PO Box 427 Cedar Hill, TX 75106 Phone: 972-291-7156 Fax: 972-291-4958

Website: www.mtlebanoncamp.com

Challenge Course/ High & Low Ropes Elements

Acknowledgement of Risk/ Health Statement/ Release of Liability/ & Authorization

Mt. Lebanon Camp's challenge course is a variety of activities, including games and team building initiatives, on or close to the ground (Low Ropes Course) with some elements built on utility poles or elevated platforms (High Ropes Course). Both the Low and High Ropes Courses are comprised of different elements professionally designed to be safe and within the capability of anyone in reasonably good health, although some of the activities can be physically and emotionally demanding.

Participation is entirely VOLUNTARY. You must realize that there is a certain degree of risk inherent in these activities. There are significant hazards or risks of injury involved in any challenge/adventure activity associated with the outdoors or involving physical exertion and the use of related equipment for the activity.

The instructors are trained to supervise the activities in a safe and enjoyable manner by accredited training programs. You must recognize and accept shared responsibility for your safety and the safety of other group members. It is important to listen and be attentive to the facilitators and follow their instructions. Ask questions if you do not understand the directions and guidelines.

You may select your personal level of challenge in all activities or choose not to participate in an activity. If you begin an activity and do not want to complete it, it is your right to ask to quit the activity.

Some of the activities may cause elevated blood pressure and pulse rates. It is imperative that you are free of any heart-related problems or diseases. Participants must be free of medical or physical conditions, which might create undue risks to themselves or others that depend on them. If there is any doubt about your ability to safely participate in the challenge courses, you should consult a physician for a physical examination.

Name of Participant: _____ Birth Date: _____

Address: _____

Group you are with at Mt. Lebanon: _____

In an emergency notify:

Name: _____ Relationship: _____

Cell: _____ Work: _____ Home: _____

A. Do you have any current or past physical condition which might limit your participation in the Challenge Course, Zip Tower or Alpine Tower? _____ If yes, identify and explain:

B. Are you currently taking any medications? _____ If yes, please list:

C. Do you have any allergies, reactions to medications or other medical limitations? _____ If yes, please explain:

I affirm that I have answered the above questions accurately and completely, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in activities at Mt. Lebanon. I believe that my health is satisfactory to participate in these activities at Mt. Lebanon Camp. I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to my property, which accompany my participation in these activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activities that I will be participating in, the risks associated with each activity and my responsibility to know my limits.

Signature of Participant: _____ Date: 3-9-19



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Emergency Authorization

Mt. Lebanon Camp, its employees, agents, and directors have my permission to seek emergency medical care for the participant in the event: (1) The health and well-being of the participant is involved; (2) The participant or parent/guardian is unable to respond or cannot be reached at the time of the emergency; (3) Due to the nature of the emergency, there is insufficient time to contact the parent or guardian.

Signature of Participant: _____ Date: 3-9-19

Signature of Parent/ Guardian, if under 18: _____

Medical/ Hospitalization Insurance Information

Carrier: _____ Policy Number: _____

Insured Name: _____ Group Number: _____

Photo Media Release

I grant Mt. Lebanon Camp and the Dallas Baptist Association the right to use, reproduce, assign and distribute photographs, films, videotapes, DVD's, and sound recordings of myself or my child for use in promotional materials they may create.

Signature: _____ Date: 3-9-19

Release of Liability

I hereby release Mt. Lebanon Camp, the Dallas Baptist Association, and its agents or employees from all suits, actions, or claims of any character, type, or description, brought or made, for or on account of any injuries or damages received or sustained by any person(s) or property, rising out of participation in the challenge course(s) or ropes course activities: the Alpine Tower, Zip Line Tower, climbing wall, Power Pole, or any other event or activity at Mt. Lebanon Camp.

Signature of Participant: _____ Date: 3-9-19

Printed Name: _____

Parent/ Guardian Signature: _____ Date: 3-9-19

Printed Name: _____

