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Participant Information and Agreement Form For Climbing Wall & Challenge Course

THIS FORM MUST BE COMPLETED AND SIGNED TO PARTICIPATE IN CHALLENGE ACTIVITIES

Tel Hai Camp's Challenge Program integrates a variety of activities that include warm-ups, games, group initiatives, low challenge elements, zip line, and climbing wall which may be physically rigorous for the participants. The level of participation is up to each individual. Tel Hai Staff will make every effort to ensure their safety and well being. Yet there are inherent emotional and physical risks involved with the challenge activities that must be assumed by each participant.

Certain health/medical information must be made known to the facilitator(s) conducting your challenge experience, so that they can appropriately respond if need be. This information will be held in confidence. Each individual that will participate in any part of our challenge activities must fully complete this form prior to participation. This form should be returned to your Group Leader who is to bring all the forms to Tel Hai Camp. Failure to do so will forfeit your participation in these activities.

_____ Climbing Wall _____ Challenge Course _____ Zip Line _____ All of the areas

Group Name: _____ Event Date: _____

Name: _____ Age: _____ DOB: _____ Attended Before _____

Is the Group Leader authorized to approve medical treatments? Yes _____ No _____ Group Leader: _____

Do you have Health/Accident Insurance? YES _____ NO _____ If yes please print the name of the company, phone number, and policy#

Do you have any limiting physical and/or emotional conditions or limitations? YES _____ NO _____

If yes, please identify and explain.

Are you currently taking any medication (over the counter or prescription)? YES _____ NO _____

If yes, please explain what medications you are taking and for what condition you are taking it.

Do you have any allergies, reactions to medications, or any medical limitations? YES _____ NO _____

If yes, please explain.

Are you currently seeking or have received care from a medical professional in the past for any of the following:

_____ Kidney Transplant _____ Heart Disease _____ High Blood Pressure _____ Pregnancy (currently)

If yes, please Explain:

Participation Agreement:

I acknowledge that aspects of Tel Hai Camp's Challenge Program may be physically and emotionally demanding and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I affirm that I (or my child) am in good health and I am not under a physician's care for any undisclosed condition that bears upon my ability to participate in these activities. I release Tel Hai Camp, its staff members, volunteers, and board of directors from all liability for any injury to me from participating in these activities. I also give permission to receive emergency medical treatment. I agree that a facsimile, photographic copy, or digital copy of this Agreement shall be as valid as the original.

Date: _____ Participant's Signature: _____ Print Name: _____

Parent/Guardian Signature (if under 18 yrs old): _____ Print Name: _____

Mailing Address: _____ Phone # _____

Person to call in case of emergency: _____ Phone# _____

I _____ also grant Tel Hai Camp the right to use or reproduce photographs, films, video, and sound recordings of the above named participant, for use in promotional materials the camp may create.