CAMP AKITA
ADVENTIST RETREAT CENTER

1684 Knox Road 1200 N., Gilson, IL. 61436 Phone: 309-876-2060

High Risk Activity Waiver/Medical Form Agreement to Participate
Assumption of Risk and Release

Participant's Name: _____ Date on Course _____
Please Print

Disclosure:

The high risk of injury from: Equestrian activities, Challenge Course activities, Archery activities, and Water sports is significant during all phases of the activity, including the potential for permanent paralysis, disability and death**. These risks include but are not limited to:** Equipment failure and/or malfunction of my own or other's equipment; my own negligence and/or the negligence of others; Attack or encounter with insects, reptiles and/or animals; Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident; Outdoor activities include but are not limited to risks of exposure to elements, excessive heat, hypothermia, impact of the body upon the water, stray arrows, exposure to animals with the risk of them kicking, biting, shying away, running off or otherwise moving in an unanticipated manner causing injury and/or death. **I agree to abide by the safety rules and wear any necessary safety equipment provided to me and recognize that failure to do so increases the potential for severe injury or death and absolves the RELEASEES from any liability whatsoever.**

Release of Liability:

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation in the Program.

I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

I recognize that it may be necessary for the (Releasees) to refuse or terminate my participation if I am judged to be incapable of meeting the rigors or requirements of the Program. I accept the (Releasees) right to take such actions for the safety of myself and/or other participants. I will not engage in any activity beyond my capabilities and will not cause any third party to be endangered by any of my actions during the program.

I warrant and represent that I am in good health and have no physical or mental limitations or problems that would affect my safe participation or the safety of others in the program and have not been advised otherwise by a qualified medical person.

Hold Harmless:

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Camp Akita and the Illinois Conference of Seventh-day Adventist, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, permit grantors, independent contractors, sub-contractors and, if applicable, owners and lessors of premises used to conduct the Program (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Permission to Use Photographs or Video Recordings:

I give ☐ **I do not give** ☐ Camp Akita or its affiliates the right to use any appropriate photographs or video recordings created while I (or my child) participate in High Risk activities for publicity and advertising purposes.

Medical Assessment:

1. Do you experience or have you experienced any heart problems or are you taking any heart-related medication?	☐ **Yes**	☐ **No**
2. Are you taking any medication for pain or for a chronic illness?	☐ **Yes**	☐ **No**
3. Do you have higher-than-average blood pressure?	☐ **Yes**	☐ **No**
4. Do you experience any:		
a. serious allergic reactions (bees, medications, foods, etc.)	☐ **Yes**	☐ **No**
b. asthma or other respiratory problems	☐ **Yes**	☐ **No**
c. physical limitations (back, knee, shoulder, neck, etc.)	☐ **Yes**	☐ **No**
5. Do you have any other condition(s), which you think may be aggravated by your participation in the program?	☐ **Yes**	☐ **No**
6. Do you have or suffer from a mental illness or disability	☐ **Yes**	☐ **No**

If Yes to any of the above, please explain on the back of this page:

NOTE: If the answer to any of the questions above is "Yes," one of our staff may check-in with you about the situation. We are able and willing to adjust the program to fit your needs (within reason).

My signature below confirms that I have disclosed to High Risk Activity staff any pertinent medical, physical or mental reasons that may affect my safety or the safety of others during this program. In addition, according to my specific limitations, I agree to retain the right and responsibility to choose and direct my own level of participation.

Specific Activity restrictions:

Zip Course:
Height – between 45 inches and 6 foot 3 inches
Weight – between 75 LB's and 220 LB's

Equine Weight restriction:
Up to 250 LB dependent on horse availability

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, MEET SPECIFIC ACTIVITY REQUIREMENTS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ _____ _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF MINORS (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents due to my minor child's involvement or participation in these Programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____ _____ _____
Parent/Guardian Signature Date Emergency Phone Number(s)

Consent to Medical Treatment
And Authorization to Release Information

I, _____ the undersigned parent or guardian of

Print Name

_____

Print Participants Full Name

a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instructions of:

_____

Name of Camper's Physician (Please Print) Physician's Telephone Number

or any physician the group leader or his/her designee may call, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital, or at the camp. It is understood in the case of a major accident or illness reasonable effort will be made to reach the doctor listed above before the group leader or his/her designee calls any other physician.

It is further understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to authorize the camp, group leader, designee or the physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing or until the parent or legal guardian in person takes charge of said minor. We hereby authorize any hospital or physician, or any other person who attended to or examined said minor to furnish the groups insurance company or its representative any and all information with respect to any illness, medical history or consultation, prescriptions or treatment, and copies of all hospital or medical records.

A photocopy of this authorization shall be considered as effective and valid as the original.

Signed Parent or Legal Guardian Date

Signed Adult Witness Date

Please print all medications being taken:	**Please print any known allergies:**
_____	_____
_____	_____
_____	_____

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or consideration while at camp. Use back of page if needed.

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