

Please provide additional information as necessary.

\_\_\_\_\_

If you checked any of the above items, it is recommended that you consult with your physician prior to participating in the Challenge Course or other strenuous activity. This medical information is intended to help prospective participants determine their limitations and need to consult with a physician.

In the event of an injury or illness, please indicate who should be contacted.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Participant Release of Liability**

I affirm that the confidential medical information provided above is accurate and complete. I understand that failure to disclose information could affect my safety and that of those around me. In the event of an illness or injury, I hereby give consent to the provision of emergency medical care, hospitalization, or other treatment, which may be necessary.

I fully recognize that participation in adventure programs, as stated above, are physically and/or emotionally demanding, I acknowledge the risks involved, and my participation is undertaken with full and complete awareness of these risks. I agree to follow all safety instructions, methods, practices, and techniques necessary and appropriate as given by the staff at Seneca Hills. My use or non-use of such practices shall under no circumstances, result in claim against, or the imposition of any liability of any nature whatsoever, with respect to Seneca Hills Bible Conference.

I hereby freely, knowingly, and voluntarily, fully waive, release, discharge, and agree to indemnify and hold harmless the Seneca Hills Bible Conference, its Board of Trustees, agents, employees, successors, and assigns, from all rights, claims, and actions, arising now and/or in the future, from my participation in programs conducted by and/or under the auspices of Seneca Hills Bible Conference. I further agree to indemnify and hold harmless the Seneca Hills Bible Conference, its Board of Trustees, agents, employees, successors, and assigns, from all rights from claims arising out of any injury or harm I may cause to another individual during the course of his/her participation at Seneca Hills Bible Conference.

**Media Release**

I give permission to Seneca Hills Bible Conference to use, reproduce, and distribute pictures and video of me for use in promoting camp programs and other publicity material.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

**APPENDIX 3**

**Participant Information and Release of Liability (18 and Over)**

Participation in adventure programs at Seneca Hills may include, but is not limited to, kayaking, (indoor/outdoor) rock climbing, team-building initiatives, low and high challenge course activities, and rappelling. While these activities can be physically demanding, they are designed to be within the capability of anyone who is in reasonably good health, and are presented in such a way as to allow participants to choose their level of participation.

Although safety is a high priority of all programs at Seneca Hills, there is a risk, which must be assumed by each participant of potential physical and/or emotional injury. The information requested on the medical form is intended to help inform the staff at Seneca Hills of any pre-existing medical conditions that may affect a person's participation level. If a pre-existing medical condition exists, participation in some strenuous activities may not be recommended. This information is subject to HIPPA regulations and will be kept confidential.

**General Information and Medical History**

Participant's Name \_\_\_\_\_ Gender M F

Date of Birth \_\_\_/\_\_\_/\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please answer the following questions:

Does you have any current or past medical conditions that could affect your ability to participate in Seneca Hills' activities? No Yes

If yes, identify and explain. \_\_\_\_\_

Have you had a recent or recurring injury? No Yes

If yes, identify and explain. \_\_\_\_\_

Are you currently taking medication? No Yes

If yes, indicate medication and condition being treated: \_\_\_\_\_

Do you have any allergies? No Yes

If yes, please explain: \_\_\_\_\_

Do you currently have or do you have any history of the following?

- Heart Palpitations     Heart Attack     Heart Disease
- Hear Murmur     High Blood Pressure     Chest Pain or Pressure
- Medication for High Blood Pressure     Stroke
- Family History of Heart Disease     Diabetes
- Symptoms of Chest Pain or Pressure with Exertion
- Other Concerns \_\_\_\_\_