

Does he/she have any allergies? No Yes

If yes, identify and explain. _____

Does he/she have any of the following conditions?

Diabetes Chronic or Recurring Illness Other Concerns
 Asthma Recent Surgery (Specify) _____

If any of the above items are checked, please provide additional information:

Release of Liability and Acknowledgment of Risk

I recognize and acknowledge that although the programs have been carefully designed and will be operated by well-trained staff, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization, or other treatment, which may become necessary. I affirm that the information provided on this form is accurate and complete.

I fully recognize and acknowledge that I have been advised that there is risk involved in my child/ward's participation in adventure programs and hereby acknowledge that consent to my child/ward's participation in any of these activities is voluntary and informed. I further acknowledge that my child/ward will be advised of safety instructions, proper methods, practices, and techniques necessary and appropriate to participation in adventure programs. My child/ward's 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.

On behalf of myself, my child and/or ward, I hereby 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 child/ward's participation in programs conducted by 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 claims arising out of any injury or harm my child/ward may cause to another individual during the course of his/her participation in programs conducted by Seneca Hills Bible Conference.

Media Release

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

Signature of Parent / Legal Guardian Date

Name of Organization

APPENDIX 2

Participant Information and Release of Liability (Under 18)

This form must be completed and signed by a parent or legal guardian. Participation in adventure programs at Seneca Hills Bible Conference includes, 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. Please help us by providing the requested information. If your child has any current or past medical conditions that could affect their participation, please inform us. This information is subject to HIPPA regulations and will be kept confidential.

If you have additional questions about adventure programs at Seneca Hills, please contact your organization's leader or the staff of Seneca Hills.

General Information and Medical History

Participant's Name _____ Gender M F

Home Address _____

Date of Birth ___/___/___ Height _____ Weight _____

Home Address: _____

Parent(s)/Guardian(s) _____

Home Phone _____ Work Phone _____

Please answer the following questions for this participant ;

Does he/she have any current or past medical conditions that could affect their ability to participate in Seneca Hills' activities? No Yes
If yes, identify and explain. _____

Is he/she currently taking any medications? No Yes
If yes, identify and explain. _____

Has he/she had a recent or recurring injury? No Yes
If yes, identify and explain. _____