

# Eastern Michigan Nazarene Camp Adventure Activity

Revised: June 15, 2004

**Medical Statement:** I recognize that challenge course activities can be a strenuous endeavor requiring me to be in good physical condition. I hereby certify that I do not suffer from any physical infirmities or illnesses which would affect my ability to engage in the challenge course activities. If I have concerns about any of the following or any other conditions, I may discuss them with an Eastern Michigan Nazarene Camp Challenge Course instructor.

Cardiac or Pulmonary Condition or Disease  
Nervous Disorder  
High or Low Blood Pressure  
Fainting Spells or Convulsions  
Any Orthopedic Problem

Hearing Loss or Impairment  
Shortness of Breath  
Drug Addiction or Dependency  
Back or Neck Injury  
Kidney Related Diseases

Mental Distress  
Pregnancy  
Insect Allergies  
Recent Injuries  
Diabetes

I further certify that I am not on any regular medication that will impair my ability to perform the activities and have not and/or will not take alcoholic beverages or drugs within 12 hours prior to participation.

**Acknowledgement of Risk and Assumption of Personal Responsibility:** I understand that during my participation in this adventure course or activity I may be exposed to psychologically and physically stressful and challenging situations. I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment, for each activity it is impossible for the program to guarantee absolute safety. Also, I understand that I share responsibility for safety and I assume that responsibility. Further, I wave any claim that may arise against the Eastern Michigan District Church of the Nazarene and its employees, boards, or representatives.

I have accepted responsibility for verifying my personal health and my medical history on the reverse side of this sheet and that I have no physical or psychological problems that would prohibit my participation in this program. I agree to comply with all instructions and directions of Eastern Michigan Nazarene Camp Challenge Course staff during my participation.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

This acknowledgement applies the following adventure activities. (Check Any Approved).

Water Slide [  ] Track & Trail Ropes Course [  ] Zip Line [  ] Climbing Wall [  ]

I (we) acknowledge that there can be no guarantee of safety against risk and unforeseen accident, as detailed above, and consent to the participation of the aforementioned participant in the adventure program listed above. I also authorize the treatment of my son or daughter by a licensed medical doctor in the event of an emergency. This authority is granted only after a reasonable effort has been made to reach me.

Parent Signature (If Under 18 Years) \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_