

# CAMP BERACHAH MINISTRIES

## INFORMED CONSENT/RELEASE OF LIABILITY

Dear Participant,

You are going to join us on a program involving the use of the Adventure Course. We are requesting that all participants sign an Informed Consent/Release of Liability form.

The following describes the responsibilities of Camp Berachah, as well as the responsibilities of any consenting participant:

1. There will be strenuous physical activity involved. Although all individuals in average health will be able to comfortably participate, it shall be each individual's responsibility to be sure she/he is healthy.<sup>1</sup>
2. Some activities will involve more risk<sup>2</sup> than one engages in during normal daily routines. Each individual will be informed of the risk involved, and of the behaviors and skills necessary to safely complete the activity. The participant will choose whether or not to engage in the activity, and assume the risk on any potential physical or emotional injury or disability. Personal responsibility is key to safety.
3. Camp Berachah requires that every participant have accident/health insurance coverage. In addition, certain medical/health information must be known by the instructor(s) facilitating the program, so they are prepared to respond appropriately if the need arises.
4. No alcoholic beverage, tobacco, or use of any drugs is permitted on the course. Prescription medication and any existing injury must be reported before the program.

I \_\_\_\_\_, the undersigned, agree to participate in the Camp Berachah program using the Adventure Course. I have completed the medical/health review on the back of this sheet. I acknowledge that I have been advised that I can decline to participate in all or part of the activities occurring during this program. I hereby release Camp Berachah and its contractors from any and all liability with relationship to participation on \_\_\_\_\_(date). This release includes the transportation to and from the site of the activities, as well as the activities themselves.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ (if child is under 18)

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<sup>1</sup> The American Heart Association has published guidelines, which are helpful, if you have concerns about cardiovascular stress during the ropes challenge course participation (Circulation, vol. 82, no. 6, Dec 1990, pp. 2286-2322). Information from this report is summarized: "Exercise has both risks and benefits. Many factors affect risk of exercise. Three of the most important are age, presence of heart disease, and intensity of exercise. Studies indicate that in the general population, risk of sudden cardiac death during vigorous exercise is very low. It is believed that the benefits of exercise exceed the risks, and that individuals should be encouraged to exercise, provided they take measures to minimize risk."

<sup>2</sup> Two national safety studies have demonstrated ropes challenge courses to be 15 times safer than driving an automobile.

Name \_\_\_\_\_

Home address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of insurance \_\_\_\_\_ Group and ID number \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Health: Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

**Please answer all of the questions.**

1. Are you aware of any medical/health conditions that could be aggravated by physical activity, such as: Heart disease, high blood pressure, lung disease, diabetes, asthma, seizures, pregnancy, or others?

No  Yes  describe \_\_\_\_\_  
\_\_\_\_\_

2. Are you aware of any problems with your neck, back, shoulders, wrists, hips, ankles, knees, or other that could be aggravated by physical activity?

No  Yes  describe \_\_\_\_\_  
\_\_\_\_\_

3. Have you had any major injury, illness, or surgery lately?

No  Yes  describe \_\_\_\_\_  
\_\_\_\_\_

4. Do you have any allergies?

No  Yes  describe \_\_\_\_\_  
\_\_\_\_\_

5. Do you take any medications?

No  Yes  describe \_\_\_\_\_  
\_\_\_\_\_

6. Do you have any minor or major disability? Do you use an orthopedic device?

No  Yes  describe \_\_\_\_\_  
\_\_\_\_\_