

**LIABILITY WAIVER AND AUTHORIZATION FOR MEDICAL TREATMENT  
SUMMER LINK July 17th – 21st 2017**

*Please print all information except signatures.*

**Student Information:**

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Full Address \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**If parents or guardian cannot be reached, other person to notify in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Insurance Information:**

Medical Plan/Insurance Company \_\_\_\_\_  
Policy Card Information \_\_\_\_\_  
Other Pertinent Information \_\_\_\_\_  
Special Medical Conditions/Allergies \_\_\_\_\_

**Release Statement:**

In the event medical treatment is required, I understand every effort will be made to contact me (us) or the alternate listed above by telephone. I (we) hereby give permission to a physician to hospitalize, secure proper treatment for, and to inject, administer anesthesia or perform surgery for the student listed on this form. This medical treatment authorization is good for Summer Link (July 17th – 21st 2017).

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Have the Following completed by a Public Notary.**

<p><b>Notary Public Information</b> Name _____ State of _____ County of _____ Sworn and subscribed before me this _____ day of _____, 2017  Notary Signature _____</p>
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**I. RELEASE AND INFORMED CONSENT**

Guest's Name: \_\_\_\_\_ Date(s) at Windermere: \_\_\_\_\_

Last, First

The undersigned ("the Participant") hereby acknowledges that I have voluntarily applied to participate in **The Edge Challenge Course** and/or **The Forest Wilderness Paintball Experience** at Windermere Baptist Conference Center, Inc.

I am aware that activities related to **The Edge Challenge Course** will necessarily involve participation in exercises which by their nature may be considered inherently dangerous and physically demanding and may subject the Participant to stress, anxiety, and other hazards, not all of which can be foreseen. It is fully understood that the Participant may be climbing and walking on cables, logs, ladders, walls, and beams. The Participant will participate in activities, which may be at substantial heights above the ground. Additionally, the participant may be participating in activities that require hiking across undeveloped terrain.

I am aware, understand and acknowledge that activities related to **The Forest Wilderness Paintball Experience** involve risk and I acknowledge that; (a) risks and dangers exist in my use of Paintball equipment and my participation in Paintball activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Windermere Baptist Conference Center, Inc.; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of Windermere Baptist Conference Center, Inc., or by any other person.

Prior to my participation, I will be advised of the rules and requirements governing my participation. I agree to accept and abide by those rules and requirements.

I agree that if at any time I believe the activities are beyond the scope of my capabilities, I will immediately so notify the personnel of Windermere Baptist Conference Center, Inc. and will withdraw from participation.

In consideration of being allowed to participate in **The Edge Challenge Course** and/or **The Forest Wilderness Paintball Experience** at Windermere Baptist Conference Center, Inc., I hereby release and covenant not to sue Windermere Baptist Conference Center, Inc., and any of Windermere's affiliated companies as well as their board of Trustees, officers, staff, employees, owners, agents and any individual or company (the Releasees) assisting, instructing or conducting the activities from all liability of any nature for any and all injuries, loss, death, claim or damage I may suffer due to my own negligence. This release is binding on my heirs, personal representatives and assigns.

**II. NOTICE REGARDING IMPACT OF MEDICAL OR PHYSICAL CONDITIONS**

Please read and check your response to each question.

1. Do you have a healing fracture or joint injury?  Yes  No
2. Do you have any abdominal organ enlargement?  Yes  No  
Enlarged spleen may occur as the result of mononucleosis or enlarged liver from a condition such as hepatitis.
3. Do you have insect allergies?  Yes  No  
You should have an Epi-pen or other self treatment if you are susceptible.
4. Are you pregnant?  Yes  No
5. Have you had an organ transplant?  Yes  No
6. Do you have asthma?  Yes  No  
You should bring your medication with you to the program.

Be aware that, as in any physical activity, your heart rate can increase due to participation. If you are aware of a personal heart history, we request you self-monitor or withdraw from activity that may overstress you.

The above information accurately reflects my current state of health.

**SELF-GUIDE FOR DETERMINING PARTICIPATION ON THE EDGE ROPES ACTIVITIES**

Information for persons determining participation in ropes course activities. Appropriate action based on positive responses to questions on the "Information to Assess Participation Level" questionnaire.

Limiting your participation in the physical group activities does not exclude you from being an active participant in the process. There are several other roles you can fulfill if you are unable to fully participate in the physical activities. Your facilitator can help you discover those opportunities.

If a positive response is given to the question:

1. (Healing Fracture or joint injury) It is suggested that you check with your doctor if in doubt about the activity.
2. (Organ enlargement) You may not wear a harness, but may participate in all other activities.
3. (Insect allergies) Have the kit to administer appropriate medication with you on the course. You must have received instruction on how to administer the injection properly.
4. (Pregnancy) You will be excluded from all activity where you might fall, or get a shock load to the body. May not participate where a harness is required. Must not be involved in heavy lifting.
5. (Organ transplant) You may not participate where a harness is required.
6. (Asthma) Be aware of your own well being. Transportation is available to take you to an inside facility. If a severe attack occurs, a call to 911 can be made for transportation to a medical facility.

As in any physical activity, be alert to discomfort, light headedness or other indications of a possible cardiac incident. Make an intelligent decision early for yourself about your level of participation.

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**By my signature below, I certify that I have read and understand the contents of this Informed Consent**

**AND**

**- have not taken any medication and have no known physical or medical condition that would impair my capability for full participation in the activity;**

**OR**

**- assume responsibility for any potential adverse impact any condition or medication may have upon my full participation in the activities.**

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**I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS BOTH A RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF NOTICE AND HAVE SIGNED IT OF MY OWN FREE WILL.**

*Please Print Name of Participant* \_\_\_\_\_

*Participant Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Witness Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Parent signature required for participants under the age of 18 years old.**

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