



Challenge Course Release of Liability

No one will be able to participate in Challenge Course activities without a signed Participant’s Data Form and a Release of Liability Form

Disclosure

The Challenge Course experience at River Oaks involves the following activities:

Orientation/Introduction – goal setting, safety briefing/contract, learning names, and physical warm-ups.

Initiative Games – group activities that use little or no props, are low to the ground, and emphasize group decision-making and problem-solving skills, cooperation, awareness of individual’s effect on the group, leadership styles, etc.

Spotting & Trust Activities – activities that teach proper spotting techniques used for safety in trust and low element events, development of trust among group members, and emphasize looking out for another’s physical and emotional safety. May include the “trust fall”, where participants fall back into the arms of group members in a circle.

Team Challenge Elements(level 1 and 2) – the group will use permanent structures, cables, etc. built among the trees including:sitting & standing tee-pee walk, maze, electric fence, a 12 ft. wall, mohawk walk, traffic jam and more.

High Challenge Elements (level 3)- these elements are built in trees, are up to 40ft. high, and include: Tree Climb and Sky Bridge. Participants wear helmets and are belayed at all times with a climbing rope and harness.

Some of the above activities are physically rigorous. The level of participation in a challenge course activity is at all times completely up to the individual’s choice. Yet there is a risk, which must be assumed by each participant that he or she may suffer an emotional or physical injury or disability. Injuries can include, but are not limited to; cable burns, rope burns, sprains, skin abrasions, and pulled/strained muscles. In the unlikely event of a failure of a helmet, belay, or other safety precautions, more serious injuries or even death could result.

The number and choice of element your group be participating on will depend on the length of time your group spends in our challenge course program and the goals of your group

Policy for participation in the River Oaks experience requires that every participant must make certain health/medical information known to the course facilitator(s) prior to participation so that they are prepared to respond appropriately if the need arises. This information will be held confidential. Please be sure to complete the Participant Data form on the reverse side prior to your scheduled course visit.

Release of Liability

I, the undersigned, understand that parts of the Challenge course experience at River Oaks may be physically or emotionally demanding. I affirm my (or my child’s) health is good, and that I (or my child’s) am (is) not under a physician’s care for any undisclosed conditions that might endanger my (or my child’s) health or that of other participants. I recognize the inherent risk of injury or disability in challenge course activities.

I hereby agree to release the SC District of the Assemblies of God, River Oaks and any of their directors, officers, staff members, or volunteers, from any liability, claims, demands, legal suit, or causes of action arising out of, or in any way connected with my participation in the Challenge Course activities, and further to indemnify them for any losses resulting from any suit brought in my name or on my behalf. I give permission for photos/videos to be used for future publicity.

Participant’s Signature _____
(Parent or Guardian’s Signature if under 18)

Date _____

(Please print Parent or Guardian’s names)

Participants Name if under 18



PARTICIPANT DATA/RELEASE OF LIABILITY FORM

Name _____ Phone _____

Address _____

M _____ F _____ Birth date _____ Age _____ Height _____ Weight _____

Person to notify in case of emergency:

Name _____ Relationship _____
Address _____ Phone home _____ cell _____

MEDICAL INFORMATION

For your benefit and the safety of others, we need to be aware of any medical conditions you have that might impact your participation. All information is confidential and shared only with your group's facilitator(s).

- 1. Do you wear: contact lens? _____ Hearing Aid? _____
- 2. Are you on any medication? _____ What kind? _____ (Please list on a separate sheet)
- 3. Are you allergic to any of the following (please specify):
Bug bites _____ Medication _____
Bee stings _____ Other _____
- 4. Do you have any limiting physical problems (temporary or permanent)? Y _____ N _____
If yes, please specify:
_____ Asthma _____ Back Problems
_____ High blood pressure _____ Kidney problems
_____ Low blood pressure _____ Bone/joint problems
_____ Cardiac or respiratory _____ Fear of heights
_____ Recent surgery _____ Other _____

What should we know about any of the above? _____

Family Medical Insurance: Yes _____ No _____ Name of Insured: _____
Carrier: _____ Group# _____ Policy # _____
Name of family physician _____ Phone _____

I, the undersigned, have provided current, factual, and complete information on this form

Signature _____ Date _____
(Guardian, if participant is under 18 years of age)