

Upper Peninsula Bible Camp Challenge Course

Page 1 of 2

Acknowledgement of Risk and Assumption of Personal Responsibility

I have chosen to voluntarily participate in the challenge course activity at Upper Peninsula Bible Camp (UPBC). In consideration of the educational benefits and/or privileges associated with my participation in this program I acknowledge and agree to be bound by the following:

1. Identification of Risks.

During this program, I may face situations that are psychologically or physically stressful and challenging, and I may put myself at risk of major injuries and/or death if I fail to adhere to safety precautions. I may also be exposed to other unforeseeable risks that could arise during these activities.

2. Acknowledgement of Risk.

I understand the risks involved in this program, and I realize that unforeseeable risks may also be present. I understand that UPBC will take all reasonable precautions and will provide safety equipment for activities that require it. I also understand that safety precautions and safety equipment are intended to help prevent major injuries and/or death while taking part in these activities but cannot totally eliminate these possibilities.

3. Assumption of Personal Responsibility.

In choosing to participate, I accept the risks that come with participation in this program. I assume responsibility for my own actions and I agree to act in the interest of my own safety and of the safety of the other members of the group. I agree to pay attention to and abide by all safety guidelines given and decisions made by UPBC staff during this activity.

4. Waiver and Release.

By signing this form I acknowledge the risks and responsibilities described above and I agree to waive any claim of liability for damages, losses, diseases, or injuries that may arise against UPBC, its employees, or its volunteers as a result of my participation in this program.

Participant Name _____ **Date** _____

Signature _____

For participants under 18:

My child, named above, has permission to participate in challenge course activities at UPBC.

Parent Signature _____ **Date** _____

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Page 2 of 2

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 that would affect my ability to engage in the challenge course activities. If I have concerns about any of the following conditions, I may discuss them with a UPBC instructor.

- Cardiac or Pulmonary Condition or Disease
- Insect Allergies
- Learning Disabilities that may affect ability to remember and follow safety procedures
- Nervous Disorder
- High or Low Blood Pressure
- Diabetes
- Fainting Spells or Convulsions
- Kidney Related Diseases
- Hearing Loss
- Shortness of Breath
- Drug Addiction or Dependency
- Back or Neck Injury
- Any Orthopedic Problem
- Alcoholism
- Mental Distress
- Pregnancy
- Recent Injuries
- Other medical concerns:

I further certify that I am not on any medications or drugs that will impair my ability to perform the activities.

Print Name _____ **Date** _____

Signature _____

For participants under 18:

Parent Signature _____ **Date** _____