

## 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 conditions, I may discuss them with a FaHoLo Camp & Conference Center instructor.

Cardiac or Pulmonary Condition or Disease  
Nervous Disorder  
High or low Blood Pressure  
Diabetes  
Fainting Spells or Convulsions  
Kidney Related Diseases

Hearing Loss or Impairment  
Shortness of Breath  
Drug Addiction or Dependency  
Back or Neck Injury  
Any Orthopedic Problem  
Alcoholism

Mental Distress  
Pregnancy  
Insect Allergies  
Recent Injuries  
Anything Other Concerns

I further certify that I am not on any regular medication that will impair my ability to perform the activities and have not taken/will not take any alcoholic beverages or drugs at least 12 hours before participating in the adventure course or activity.

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

Signature \_\_\_\_\_

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

### 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 waive any claim that may arise against FaHoLo Camp & Conference Center and/or its employees as a result of my participation in the program, except those which are the direct result of the negligence of FaHoLo Camp & Conference Center or its employees.

I accept responsibility for my personal health and medical history and verify 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 FaHoLo Camp & Conference Center staff during my participation. I also authorize FaHoLo Camp & Conference Center to have and use photographs, slides, or video of me, my child, or my family as may be needed for its public relations.

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

Signature \_\_\_\_\_

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 above named participant in the adventure program. 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 \_\_\_\_\_ Date \_\_\_\_\_