



Trinity Pines Camp & Conference (T.P.)
Challenge Course
Liability Release & Participant Agreement

Disclosure

Trinity Pines adventure programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, and other **rigorous adventure activities**. (The level of participation in a T.P. program activity is at all times up to participant's choice) **is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury and disability**. These risk can include, but are not limited to sprains, strains, fractures, cuts, splinters, heat exhaustion, heat stroke, cold exposure, heart attack, injuries suffered in a fall, insect bites and other personal health complications.

Policy for participation in all Trinity Pines Camp & Conference activities requires certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence.

Please print & complete the form accurately.

Participant Information:

Group Rental Name: _____
Date(s) on Site: _____

- 1.) Name: _____
- 2.) Do you have health/accident insurance? NO ___ YES ___
- 3.) Do you have any limiting disabilities , mental or physical and temporary or permanent NO ___ YES ___
 If YES, identify and explain: _____
- 4.) Are you currently taking any medication (prescribed or otherwise, e.g. cold medicine)? NO ___ YES ___
 If YES, state what you are taking, and for what condition: _____

Medical Treatment Permission:

I understand that if medical treatment is needed T.P.staff certified in first-aid will do it, and if needed transported to the nearest medical facility. The signature at the bottom allows medical treatment without delay for the participant.

Liability Release and Informed Consent:

- ◆ I understand that part of the T.P.program may be physically and emotionally demanding.
- ◆ I affirm my (child's) health is good, and that I (child) am not under a physician's care for any undisclosed condition that bears upon my (child) fitness to participate in T.P. activities.
- ◆ I recognize the inherent risk of injury or disability in T.P. activities.
- ◆ I understand that each participant must assume the risk of physical injury that could result from any of these activities.
- ◆ I release Trinity Pines Camp & Conference and its staff members and Board of Directors, site locale and sponsoring organization, from all liability for any injury to me (my child) from participation in T.P. Activities.

**Signature below acknowledges personal responsibility for participation in the activity,
 and a Release of Trinity Pines Camp & Conference from Liability.**

Photo / Media Consent Form

Signature below allows Trinity Pines Camp & Conference the right to use, reproduce, assign, and /or distribute photographs, films, videotapes, sound recordings of my (child's) written quotations for use in materials that they may create.

Participant Signature: _____ **Print Name:** _____ **Date** _____

Parent Signature: _____ **Print Name:** _____ **Date** _____
 (for minor child)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Work/Cell Phone:** (____) _____