



24175 S. E. Hwy 450, P. O. Box 49, Umatilla, FL 32784 \* 352-669-9443 or 1-800-523-1673

## ROPES CHALLENGE COURSE PARTICIPATION AGREEMENT - ASSUMPTION OF RISK

1. I (Please print participants full name) \_\_\_\_\_ understand that the Florida Elks Youth Camp's Ropes Challenge Course is an outdoor adventure activity and that certain known and unknown inherent risks may exist in relation to this unique activity.

2. I understand that some, but not all, of the risks may include:

extreme temperature or weather conditions  
risk of falling and/or equipment failure  
emotional distress  
serious injury

bruises and/or scrapes to body  
bee stings or insect bites  
heat exhaustion-heat stroke  
physically difficult conditions

3. I understand that the Florida Elks Youth Camp operates all programs on a **Challenge by Choice** basis. I understand that I am free to choose **NOT** to participate in any activity or **PART OF** any activity that I do not want to participate in.

4. I understand that the Florida Elks Youth Camp's Ropes Challenge Course staff will meet professionally accepted standards of care and safety. I understand that safety rules will be discussed throughout the day and it is my responsibility to ensure that I understand and follow all safety guidelines.

5. I understand that it is my responsibility to inform the Florida Elks Youth Camp staff of any and all physical limitations, liabilities, or injuries including but not limited to: neck and back problems, recent surgery, allergies and any other medical situations.

6. I understand that the Florida Elks Youth Camp, its staff, employees, independent contractors and associates shall not be held liable or responsible in any way to me for bodily injury, illness (whether mental or physical), property damage or loss. The terms hereof shall serve as a release and assumption of risk for myself and all members of my family. Should the Florida Elks Youth Camp, or anyone acting on its behalf, be required to incur attorney's fees to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

7. Specifically exempted from this release are any injuries caused by the gross negligence of any Florida Elks Youth Camp staff as it specifically relates to the Ropes Challenge Course safety procedures.

**8. I HAVE READ UNDERSTOOD AND ACCEPTED THE CONDITIONS STATED HEREIN AND HEREBY ACCEPT THE CHALLENGE OF THE FLORIDA ELKS YOUTH CAMP ROPES CHALLENGE COURSE PROGRAM.**

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Parent/Legal Guardian

\_\_\_\_\_  
Date

**FLORIDA ELKS YOUTH CAMP, INC.**  
**INFORMED CONSENT/MEDICAL INFORMATION**  
**Please Print In Black Ink ONLY**

Group Name: \_\_\_\_\_ Course Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have health/accident insurance? (please check) \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list carrier and policy number: \_\_\_\_\_

Do you have any limiting physical health disabilities? (please check) \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_

Are you taking any medication, prescribed or otherwise? (please check) \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list medication and condition for which medicine is taken. \_\_\_\_\_

List any and all known allergies, (ie: medicine, insects, etc.) \_\_\_\_\_

If allergic to bee stings/ant bites, do you carry a sting/bite kit? (please check) \_\_\_\_\_ Yes \_\_\_\_\_ No

Please answer Yes or No to the following questions: Can you swim? \_\_\_\_\_ Are you pregnant? \_\_\_\_\_  
Do you wear contact lenses? \_\_\_\_\_ Under the influence of any chemical substance including alcohol? \_\_\_\_\_

Do you currently have or have had in the past any of the following symptoms or conditions? (please mark with a yes or no beside each item)

- |   |                                   |                        |
|---|-----------------------------------|------------------------|
| _____ Heart Disease or Heart Attack                             | _____ Asthma                      | _____ Inhaler present? |
| _____ High Blood Pressure                                       | _____ Epilepsy                    |                        |
| _____ Chest Pains, Palpitations or Heart Murmur                 | _____ Drug Reactions              |                        |
| _____ Stroke  | _____ Back, Neck or Knee Problems |                        |
| _____ Diabetes  | _____ Recent Injuries of any kind |                        |
| _____ Any history of any of the above mentioned in your family? |                                   |                        |

If you marked YES to any of the above, please explain each item & give dates: \_\_\_\_\_

List any other condition(s) we should be aware of: \_\_\_\_\_

Signature\*\* of participant indicates an understanding of the above information and a release to treat, in the event of an emergency. I and my family release FEYC, its employees, staff and other agents from any claims or liability arising out of my participation in the Florida Elks Youth Camp Ropes Challenge Course.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Parents/Guardians Signature if participant is under 18: \_\_\_\_\_

\*\* Printed Name of Parents/Guardians: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_