

**APPENDIX 2**

**Participant Information and Release of Liability**

This form must be completed and signed by the participant (or parent or legal guardian if under 18 years of age).

Participation in adventure programs at Seneca Hills Bible Conference includes, but is not limited to, kayaking, (indoor/outdoor) rock climbing, team-building initiatives, low and high challenge course activities, and rappelling. While these activities can be physically demanding, they are designed to be within the capability of anyone who is in reasonably good health, and are presented in such a way as to allow participants to choose their level of participation.

Although safety is a high priority of all programs at Seneca Hills, there is a risk, which must be assumed by each participant of potential physical and/or emotional injury. Please help us by providing the requested information. If your child has any current or past medical conditions that could affect their participation, please inform us. This information is subject to HIPPA regulations and will be kept confidential. If you have additional questions about adventure programs at Seneca Hills, please contact your organization’s leader or the staff of Seneca Hills.

**General Information and Medical History**

Participant’s Name \_\_\_\_\_ Gender: M or F

Date of Birth \_\_\_/\_\_\_/\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Does the participant have any current or past medical conditions that could affect their ability to participate in Seneca Hills’ activities? No or Yes

If yes, identify and explain. \_\_\_\_\_

Is he/she currently taking any medications? No or Yes

If yes, identify and explain. \_\_\_\_\_

Has he/she had a recent or recurring injury? No Yes

If yes, identify and explain. \_\_\_\_\_

Does he/she have any allergies? No Yes

If yes, identify and explain. \_\_\_\_\_

Does he/she have any of the following conditions?

\_\_\_ Diabetes \_\_\_ Chronic or Recurring Illness \_\_\_ Other Concerns

\_\_\_ Asthma \_\_\_ Recent Surgery \_\_\_ (Specify) \_\_\_\_\_

If any of the above items are checked, please provide additional information:

\_\_\_\_\_

**Release of Liability and Acknowledgment of Risk**

I recognize and acknowledge that although the programs have been carefully designed and will be operated by well-trained staff, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization, or other treatment, which may become necessary.

I affirm that the information provided on this form is accurate and complete. I fully recognize and acknowledge that I have been advised that there is risk involved in my participation or my child/ward’s participation in adventure programs and hereby acknowledge that consent to my participation, or my child/ward’s participation in any of these activities is voluntary and informed. I further acknowledge that I or my child/ward will be advised of safety instructions, proper methods, practices, and techniques necessary and appropriate to participation in adventure programs. My use, or my child/ward’s use or non-use of such practices shall, under no circumstances, result in claim against, or the imposition of any liability of any nature whatsoever, with respect to Seneca Hills Bible Conference.

On behalf of myself, my child and/or ward, I hereby fully waive, release, discharge, and agree to indemnify and hold harmless the Seneca Hills Bible Conference, its Board of Trustees, agents, employees, successors, and assigns, from all rights, claims, and actions, arising now and/or in the future, from my participation, or my child/ward’s participation in programs conducted by Seneca Hills Bible Conference. I further agree to indemnify and hold harmless the Seneca Hills Bible Conference, its Board of Trustees, agents, employees, successors, and assigns, from claims arising out of any injury or harm me, or my child/ward may cause to another individual during the course of my/his/her participation in programs conducted by Seneca Hills Bible Conference.

**Media Release**

I give permission to Seneca Hills Bible Conference to use, reproduce, and distribute pictures and video of myself, or my child/ward for use in promoting camp programs and other publicity material.

Signature of Participant(over 18) or Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Organization \_\_\_\_\_