

**\*THIS FORM MUST BE COMPLETED TO PARTICIPATE IN CHALLENGE ACTIVITIES\***

Skycroft's challenge program integrates a variety of activities that may include warm-ups, games, group initiatives, low challenge elements, and climbing wall which may be physically rigorous for the participants. The level of participation is up to each individual. Skycroft staff will make every effort to ensure their safety and well being. Yet there are inherent emotional and physical risks involved with the challenge activities that must be assumed by each participant.

Certain health/medical information must be made known to the facilitator(s) conducting your challenge experience, so that they can appropriately respond if need be. This information will be held in confidence. Each individual that will participate in any part of our challenge activities must fully complete this form prior to participation. This form should be returned to your group leader who is to bring all the forms to Skycroft staff. Failure to do so will forfeit your participation in these activities.

Group Name: \_\_\_\_\_ Event Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you have Health/Accident Insurance? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes please print the name of the company, phone number, and policy number \_\_\_\_\_

Do you have any limiting physical and/or emotional conditions or limitations? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please identify and explain.

Are you currently taking any medication (over the counter or prescription)? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain what medications you are taking and for what condition you are taking it.

Do you have any allergies, reactions to medications, or any medical limitations? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain.

Are you currently seeking or have received care from a medical professional in the past for any of the following:

Heart Disease                      High Blood Pressure                      Pregnancy (currently) YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please Explain:

**RELEASE OF LIABILITY:**

**I understand that aspects of Skycroft's challenge program may be physically and emotionally demanding. I affirm that I am in good health and that I am not under a physician's care for any undisclosed condition that bears upon my ability to participate in these activities. I recognize the inherent risk of injury or disability in these activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release Skycroft, its staff members, volunteers, and board of directors from all liability for any injury to me from participating in these activities. I also give permission to receive emergency medical treatment.**

Date: \_\_\_\_\_ Participant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature (if under 18 yrs old): \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Person to call in case of emergency: \_\_\_\_\_

Phone# \_\_\_\_\_

I \_\_\_\_\_ also grant Skycroft the right to use or reproduce photographs, films, video tapes, and sound recordings of the above named participant, for use in materials the camp may create.