



High School Challenge Course Disclosure & Liability Release

DISCLOSURE: Eagle Fern Camp's challenge course programs involve a variety of activities that often include warm-ups, games, group initiative problems, low and high ropes course elements, and other rigorous physical activities. The level of participation in the adventure activities is at all times completely up to the individual's choice. Yet, there is a risk, which must be assumed by each participant.

Policy for participation in all Eagle Fern Camp challenge course programs requires that every participant have health/accident insurance coverage or is willing to assume financial responsibility for any medical need that should arise as a result of participation in the challenge course program. Medical information must be made known to the course facilitator and staff so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to EFC prior to participating in challenge course activities.

HEALTH HISTORY:

- 1) Male Female Date of Birth: _____ Height: _____ Weight: _____ Do you smoke? Yes No
 Do you carry health insurance? Yes No Carrier _____ ID# _____
 Any current condition requiring medication? Yes No If yes, attach list conditions and medications.
 Allergies Asthma Diabetes Other
- 2) Heart disease Palpitation Heart attack High blood pressure Stroke Fainting/convulsions
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If you checked any boxes in part two (2) or have other significant medical limitations we strongly recommend that you consult with your physician prior to participating in the EFC challenge course. After consulting with your physician, the recommendation is:

- No participation Restricted participation Full participation

Doctor's Signature: _____ Phone: (_____) _____

Please attach further explanation of any items checked above.

RELEASE OF LIABILITY: I understand that parts of the Eagle Fern Camp challenge course program may be demanding. I affirm that my child's/my health is good, and that my child/I are not under a physician's care for any undisclosed condition that bears upon my/my child's fitness to participate in challenge course activities. I understand that Eagle Fern Camp challenge course facilitators have training in ropes course facilitation and they make every effort to aid the safety of all participants. However, I also recognize that EFC cannot insure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I understand that each participant must assume the risk of injury that could result from any of these activities. I release Eagle Fern Camp, it's staff members, and Board of Directors from liability and/or any medical cost for any injury to me from my child's/my participation.

Camper Name _____ Address _____

City _____ State _____ Zip _____

Home Telephone (____) _____ Daytime phone number (____) _____

In the event I cannot be reached in an emergency, I give permission to the physician selected by the challenge course facilitator to administer necessary and proper medical treatment.

Parent/Guardian Signature (if under 18 years old): _____ Date: _____

Participant Signature (if over 18 years old): _____ Date: _____

Emergency Contact Name: _____ Phone Number: (____) _____

Please turn in your completed release form to EFC office prior to participating in the Challenge Course.

Eagle Fern Camp

High School Off-Campus Release Form

Please complete this form for campers less than 18 years of age. Return the completed form by mail to Eagle Fern Camp, 37700 SE Camp Rd., Estacada, OR 97023 before July 12th, 2010.

I, _____ give my permission for _____ to attend the high school
(Print Parent or Guardian name) (Print Camper Name)
 camp off-campus activities the week of July 25th – 31st, 2010. A licensed adult driver will be responsible for transporting my child in an insured vehicle. If a water trip is scheduled, the boat drivers will be adults who adhere to safety standards. Water-skiing activities are optional; there will be beach activities for the campers to participate in and a trained lifeguard overseeing the water activities in an established swimming zone. This is a planned all camp activity.

Parent/Guardian Signature: _____

Date: _____



High School Airsoft Disclosure & Liability Release

Please print legibly on this form and turn in the completed release form to EFC office prior to participating in the Challenge Course. I, the undersigned, want my child/myself to play the Airsoft activities offered by Eagle Fern Camp, and sign this application in consideration of being given the opportunity for my/my child's participation in this sport.

Camper Name: _____

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

Date of Birth: _____ Emergency Phone Number: _____ Email: _____

I understand and acknowledge that:

- 1. The activities are physically and mentally intense and may require extreme exertion to play and the possibility of injury to my child/myself and others does exist. The acknowledged risks of physical injury include, but are not limited to, risk of bruises, abrasions, contusions, sprains, fractures, serious eye injury or even death. I fully assume the risks of injury inherent in my child/myself engaging in these activities.
- 2. The activities can be dangerous and are to be played in accordance with the stated rules, which will be given at the site of the activities. I certify that I fully understand the stated rules of the activity and I/my child will abide by them.

I confirm and agree that:

- 1. My child/myself are physically and mentally able to be fully involved in these activities and will comply with all rules, regulations and the full and complete use of all equipment so as not to injure or hurt my child/myself or other participants.
- 2. In consideration, of being permitted to attend and/or participate in the activities, I hereby specifically release, discharge and hold harmless Eagle Fern Camp, and all of its officers, employees, agents and members, without exception, from any and all liability, responsibility, damage or loss, whether known or unknown, existing or potential, that I or anyone else may claim, including but not limited to, personal injury, illness, mental distress or disability of any type, or death, or property damage, whether or not caused by my child's/my own negligence or the negligence of anyone else, and whether or not caused by the negligence of Eagle Fern Camp, or any of its officers, employees, agents, or members, during my child or my attendance of and/or participation in the activities. I further agree to defend and indemnify Eagle Fern Camp, its officers, employees, agents and members against any and all claims, legal actions, suits, procedures, costs, expenses (including attorney's fees and expenses) damages and/or liabilities arising out of, connected with, or resulting from my child's/my playing/participating in the Airsoft activities, including, without limitation, those resulting from the manufacture, selection, delivery, possession, use or operation of all Airsoft equipment. I furthermore fully understand and agree that this release and agreement to provide defense and indemnity as outlined above shall be binding upon my estate, my heirs, my representatives and as signs.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT, AND HAVE VOLUNTARILY AND FREELY SIGNED IT WITH THE INTENT THAT IT BE, AND UNDERSTANDING THAT IT IS, A LEGALLY BINDING CONTRACT. TO THE EXTENT THAT I HAVE ANY DOUBTS CONCERNING ANY ASPECT OF ITS CONTENTS OR THEIR MEANING, I WILL CONSULT AN ATTORNEY BEFORE SIGNING IT.

THIS IS A RELEASE, READ BEFORE SIGNING

I am at least 18 years of age and have executed this Agreement on the day, month and year written below.

Applicant's Signature: _____ Date: _____

COMPLETE THIS SECTION IF YOU ARE UNDER 18 YEARS OLD:

If you are under 18, please have this Agreement guaranteed by having your parent, legal guardian, or a responsible person over age 21 sign below.

My signature below indicates that I guarantee all of the obligations imposed upon the minor participant under this Agreement and have read and fully understand all of its terms.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name (please print) _____ Relationship _____

Address _____ City _____ State _____ Zip _____