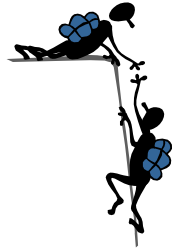


# The "Challenge Activities" at Camp Allendale



## Applicant Information & Release Of Liability

### Disclosure

Camp Allendale's "Challenge Activities" involve a variety of activities that often include warm-ups, group initiative problems, and both low and high ropes course elements. The level of participation in a Challenge Activity is at all times completely up to the individual's choice. There is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury. Bruises and scratches are not uncommon.

Policy for participation in all Challenge Activities require that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made available to Allendale. This information will be held in confidence. Each participant must complete an "Applicant Information and Release Liability" form.

### Applicant Information

1. Name \_\_\_\_\_ Date of birth \_\_\_\_\_
2. Do you have health/accident insurance? \_\_\_no \_\_\_yes If yes, please list name of the company  
\_\_\_\_\_
3. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? \_\_\_no \_\_\_yes  
If yes, identify and explain \_\_\_\_\_
4. Are you currently taking any medication (prescribed or otherwise)? \_\_\_no \_\_\_yes If yes, state what you are  
taking and what condition it is for \_\_\_\_\_
5. Do you have any allergies, reactions to medications, any other medical limitations? \_\_\_no \_\_\_yes If yes,  
identify and explain \_\_\_\_\_

### Release of Liability

I understand that parts of the "Challenge Activities" may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the challenge activities. I recognize the inherent risk of injury in these programs. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release Camp Allendale and its staff members, and Board of Directors, from all liability for any injury to me from participation in challenge activities.

Date: \_\_\_\_\_ Applicant Signature (if at least 18 years old): \_\_\_\_\_

Applicant's address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Home telephone # \_\_\_\_\_

*This form must be completed and signed prior to your arrival at camp. It must be turned in to the certified leader prior to your participation in any challenge activities.*