



Please PRINT in blue or black ink only, and do not staple.

Group Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Emergency Contact - Name: \_\_\_\_\_

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

Do you have any health issues (including, but not limited to: asthma, stitches, broken bones, recent surgeries, etc.) that may impede your ability to participate on the course? Yes / No (circle one) *\*Please note that casts are not permitted on the high course.*

\*\*If yes, please explain: \_\_\_\_\_

### Challenge Course Participation Agreement & Assumption of Risk

1. As the Camper and Participant, I 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
  - bruises and/or scrapes to body
  - risk of falling and/or equipment failure
  - bee stings or insect bites
  - emotional distress
  - heat exhaustion-heat stroke
  - serious injury
  - 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. I understand that I will be fully supported in my choice.
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. As a parent or Court appointed guardian of the participant signing this document, I/We hereby represent that I/We alone have the legal authority to release FEYC, it's agents, directors, and employees, from any and all liability for damages which may occur to the participant named herein as a result of the participant's use of the FEYC Ropes Challenge Course and agree to indemnify and hold the Florida Elks and its agents, directors, and employees harmless for any such claims including but not limited to it's reasonable attorney's fees and costs incurred as a result thereof.
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.

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. As the parent of the minor participant, I accept the risk for my child by signing my name.	
Participant or Parent/Guardian of Minor Signature	Date
Witness Signature (REQUIRED)	Date