

## **Salem Ropes Challenge Course Medical Release and Consent Form**

**Name:**

\_\_\_\_\_

(First Name)                      (Middle Initial)                      (Last Name)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Emergency contact phone #: (\_\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

### **Illnesses or Injuries (check all that apply)**

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Chronic or Recurring Illness

Asthma

Ear Infection

Kidney Problems

Epilepsy

Convulsions

Diabetes

Heart Disease

Heart Attack (date)

\_\_\_\_\_

Are there any other medical conditions that we should be aware of?

\_\_\_\_\_

### **Consent:**

I will not be under the influence of any chemical substance, including alcohol, during my participation on the Salem Ropes challenge course. I understand that any physical activity on the Salem Ropes challenge course involves a risk of injury. Physical activities include, but may not be limited to, walking or standing on ground, cable, rope, wood, concrete, or pavement, any of which may become slippery when wet. I understand that activities taking place under trees may experience falling branches. I understand that my participation in the YWAM Salem Ropes challenge course is entirely voluntary. I release YWAM Salem Ropes challenge course and its staff from any claims or liability arising out of my participation. This release does not, however, apply to any harm caused by gross negligence or willful misconduct of Youth With A Mission, Salem Ropes, and/or its staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Signature of Parent or Guardian if Participant is under the age of 18:*

Signature \_\_\_\_\_ Date \_\_\_\_\_