



RETREAT AND CAMP CENTRE



**NOTE: THIS DOCUMENT MUST BE SIGNED BY A PARENT/GUARDIAN**

### ROPES COURSE HEALTH HISTORY

For your safety, we require full disclosure of your current health. The information you provide will only be used to assist the Ropes staff in the unlikely event of an accident. Therefore, before you complete this form, please read it carefully. Full and accurate completion of all sections is very important. **Participants under the age of 18 require a parent or guardian's signature.**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province \_\_\_\_\_ Post. Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Birthday & Yr: \_\_\_\_\_

Sex (M/F) \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Post. Code: \_\_\_\_\_

Health Card No.: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Post. Cose: \_\_\_\_\_

**Please respond "Yes" or "No" , and give any required details.**

Asthma: \_\_\_\_\_ Allergy to insect bites: \_\_\_\_\_ Hearing loss: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Phobias/Fears: \_\_\_\_\_ Environmental allergies: \_\_\_\_\_ Epilepsy: \_\_\_\_\_ Chronic joint pains/dislocations: \_\_\_\_\_

High/low blood pressure: \_\_\_\_\_ Glasses/contact lenses" \_\_\_\_\_ Dentures/false teeth: \_\_\_\_\_

Food allergies or dietary restrictions: \_\_\_\_\_

Past injuries/illnesses: \_\_\_\_\_ When: \_\_\_\_\_

Operations: \_\_\_\_\_

Medications currently using: \_\_\_\_\_

Heart condition: \_\_\_\_\_

Any allergies to medications: \_\_\_\_\_

Are there any other conditions that may affect your full/active participation: \_\_\_\_\_

#### **Permission to Seek First Aid and to Secure Medical Help**

I am sufficiently fit to participate in the Challenges for Success Ropes Course as offered by Gesstwood Camp and Retreat Centre. I have completed the health history form with information that is accurate, complete, and true to the best of my knowledge. I agree to notify the program facilitators of any changes to my health/fitness which may occur before or during the program. Should I become ill or injured, I give permission for the programme facilitators to render first aid and to seek emergency or rescue services as they see fit at my cost.

Signature of Participant/Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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**CHALLENGES FOR SUCCESS - ROPES COURSE WAIVER FORM**

In consideration of Gesstwood Camp and Retreat Centre, the Essex Presbytery of the United Church of Canada, the United Church of Canada, and the Challenges for Success Ropes Course, I permit the undersigned participant to partake in a workshop and use the Challenges for Success Ropes Course, and all its related equipment and Ropes Elements.

I, \_\_\_\_\_, for myself, my heirs, executors, administrators and their respective servants, agents or employees, hereto and forever after excuse Gesstwood Camp and Retreat Centre, the Essex Presbytery of the United Church of Canada, the United Church of Canada, and the Challenges for Success Ropes Course from any claims, damages, demands, actions or causes arising out of, or in consequence of any loss, injury or damage, to my person or property incurred while attending or participating using the Challenges for Success Ropes Course, and all of its related equipment and Ropes Elements, notwithstanding any such loss, injury or damage that may have arisen by reason of negligence of Gesstwood Camp and Retreat Centre, the Essex Presbytery of the United Church of Canada, the United Church of Canada, and the Challenges for Success ropes course servants, agents or employees.

And for the above consideration, the undersigned further agrees not to make any claim or to commence or maintain any action or proceeding at any person, corporation, or other entity in which any claim could arise against Gesstwood Camp and Retreat Centre, the Essex Presbytery of the United Church of Canada, the United Church of Canada for contribution or indemnity or otherwise in respect of any incident relating to my attendance at or participation in the workshop, and use of the Challenges for Success Ropes Course, and all its related equipment and Ropes Elements; and, furthermore to indemnify and hold harmless their officers, agents, employees from any and all causes of actions, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my attendance at or participation in the workshop and use of the Challenges for Success Ropes Course, and all its related equipment and Ropes Elements.

Participant and witness must read the Course description before signing below.

IN WITNESS WHEREOF this instrument is duly executed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_ - (witness)

\_\_\_\_\_ - (signature of participant)

\_\_\_\_\_ - (name of participant – please print)

THIS RELEASE AND INDEMNIFICATION FORM MAY ONLY BE SIGNED BY THOSE PEOPLE 18 YEARS OF AGE OR OLDER. IF THE ABOVE PERSON IS UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

\_\_\_\_\_ - (signature of parent or guardian)