

Medical Information Form

Participant Name _____ Date _____

Address (include city, state and ZIP code) _____

Insurance Company (if participant is a registered summer youth camp student, info is available on camp Health Form) _____

Camp Session(s) _____

PLEASE READ: The following questions are intended to inform facilitators of serious pre-existing injuries, heart conditions, allergies or other conditions which might be aggravated by participating in the MCSC Experiential Adventure Course program.

Do you have any preexisting injuries? (back, neck, knees, ankles, etc.)	Yes	No
Are you taking any medications currently? (Please list prescriptions and non-prescriptions.)	Yes	No

Do you have an existing heart condition?	Yes	No
Do you have high blood pressure?	Yes	No
Do you have any allergies or reactions to medications? (Please list allergies and/or reactions.)	Yes	No

NOTE: If you have asthma, please have an inhaler on your person while participating in these activities.

Do you have any physical limitations?	Yes	No	
Have you ever had, or are you susceptible to seizures?	Yes	No	
What is your current level of activity at home?	Low	Med.	High

If you answered yes to any of the above questions, please discuss them with the facilitator.

Participant Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date _____
(REQUIRED for all participants under 18)

Emergency contact name(s) and number(s) _____
(if participant is a registered summer youth camp student, info is available on camp Health Form)

Agreement to Participate Assumption of Risk and Release

WHERE AS, the undersigned (the "participant/applicant") wishes to be accepted for participation in a Challenge Course Experience conducted by Michiana Christian Service Camp; and in consideration of Michiana Christian Service Camp's action in allowing the Applicant to participate in such programs:

The undersigned acknowledge(s) that during the said activities that the applicant is requested to participate in, that certain risks and dangers may occur. These may include, but are not limited to the hazards of depending on other people and being at various heights (ground to 35'), accident or illness due to nature of experiential adventure course. I further understand that in requesting to participate in these activities I will be exposed to the elements of nature, including temperature extremes and inclement weather.

I have and do hereby assume all of the above risks and any other ordinary risk incidental to the nature of the program, including risks which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in conjunction with my program or participation in activities arranged for me by Michiana Christian Service Camp. The terms hereof and my signature on this document shall serve as a release and assumption of risk, and shall bind all my heirs, representatives, executors, and administrators, successors and assigns for all members of my family including any minors accompanying me. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that any physical activity involves risk of injury. I also understand that my participation in the Michiana Christian Service Camp Experiential programming is entirely VOLUNTARY and that I may excuse myself from participation if I so desire.

Participant Signature

Date

Parent or Legal Guardian Signature
(REQUIRED for all participants under 18)

Date

Witness

Date