



# Participant Agreement and Release Form

**Name:**

**Phone:**

**Address:**

**City/State/Zip:**

## Participant Agreement, Release, and Acknowledgement of Risk

In consideration of the services of Grace Church, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein collectively referred to as "G.C."), I hereby agree to release and discharge G.C., on behalf of myself my children, my parents, my heirs, assigns, personal representative and estate as follows:

I acknowledge that my participation in outdoor adventure based activities such as hiking, backpacking and boating entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, G.C. guides, staff and employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They might give inadequate warnings or instructions, and the equipment being used might malfunction.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless G.C. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of G.C.'s equipment or facilities, including such Claims which allege negligent acts or omissions of G.C..

Should G.C. or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

In the event that I file a lawsuit against G.C., I agree to do so solely in the state of Michigan, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against G.C. on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

### Participant's Signature:

**Print Name:**

**Date:**

Parent's or Guardian's Additional Indemnification

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (Print minor's name) ("Minor") being permitted by G.C. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless G.C. from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

### Signature of Parent or Guardian:

**Print Name:**

**Date:**



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Treatment Given Log		
Date	Time	Treatment and/or Medication Given
Notes:		

## Medical History Form



Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

WE REQUIRE FULL DISCLOSURE OF YOUR CURRENT HEALTH. THE INFORMATION YOU PROVIDE MAY ASSIST PEOPLE IN THE EVENT OF AN ACCIDENT. FULL AND ACCURATE COMPLETION OF ALL SECTIONS IS VERY IMPORTANT.

Gender: M or F      Age: \_\_\_\_\_      Birth date: \_\_\_\_\_

Blood Type: \_\_\_\_\_      Height: \_\_\_\_\_      Weight: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_      Phone: (\_\_\_\_) \_\_\_\_\_

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

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

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

Relation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Wk Phone: (\_\_\_\_) \_\_\_\_\_



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### MEDICAL INSURANCE COVERAGE:

Company Name \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### PLEASE LIST ALL INFORMATION REGARDING:

Allergies: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Heart Conditions: \_\_\_\_\_

Phobias or Fears: \_\_\_\_\_

Current illness or condition: \_\_\_\_\_

\_\_\_\_\_

Past injuries or illnesses: \_\_\_\_\_

\_\_\_\_\_

Past surgeries: \_\_\_\_\_

Current Medications: \_\_\_\_\_

FIRST AID CERTIFICATE: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Can you swim? \_\_\_\_\_ Level of ability \_\_\_\_\_

Do you wear glasses/contact lenses? \_\_\_\_\_

### Please circle any of the following illnesses you have had and give the year of occurrence:

Arthritis \_\_\_\_ Gall Blad. Dis. \_\_\_\_ Mumps \_\_\_\_

Asthma \_\_\_\_ Heart Disease \_\_\_\_ Pleurisy \_\_\_\_

Chicken Pox \_\_\_\_ Hepatitis \_\_\_\_ Poliomyelitis \_\_\_\_

Colitis \_\_\_\_ Jaundice \_\_\_\_ Measles \_\_\_\_

Convulsions \_\_\_\_ Tuberculosis \_\_\_\_ Malaria \_\_\_\_

Cystitis \_\_\_\_ Rheumatic Fever \_\_\_\_ Typhoid \_\_\_\_

Diabetes \_\_\_\_ Mononucleosis \_\_\_\_ Ulcer \_\_\_\_

Epilepsy \_\_\_\_ Meningitis \_\_\_\_ OTHER \_\_\_\_

### Please circle any of the following IMMUNIZATIONS you have had and give the year of occurrence:

Tetanus \_\_\_\_ Polio \_\_\_\_ Smallpox \_\_\_\_ Typhoid \_\_\_\_

**I authorize by signature that the above is truthful and correct. Furthermore I give my consent to the instructors or other medical personnel to treat me in an emergency situation.**

Signature of Participant- \_\_\_\_\_

Print Name- \_\_\_\_\_

Date- \_\_\_\_\_

Signature of Parent/  
Legal Guardian: \_\_\_\_\_

(If a Minor)

Print Name- \_\_\_\_\_

Date- \_\_\_\_\_