

Challenge Course Disclosure and Liability Release



RELEASE OF LIABILITY: I understand that parts of the Eagle Fern Camp challenge course program may be demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in challenge course activities. I understand that Eagle Fern Camp challenge course facilitators have training in ropes course facilitation and they make every effort to aid the safety of all participants. However, I also recognize that EFC cannot insure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I understand that each participant must assume the risk of injury that could result from any of these activities. Policy for participation in all Eagle Fern Camp challenge course programs requires that every participant have health/accident insurance coverage or is willing to assume financial responsibility for any medical need that should arise as a result of participation in the challenge course program. I release Eagle Fern Camp, its staff members, and Board of Directors from liability and/or any medical cost for any injury to me from my participation.

Participant's Name _____ Address _____
City _____ State _____ Zip _____ Telephone (____) _____

Participant's Signature (or parent's or guardian's if under 18 years old):

Signature: _____ Date: _____

In the event I cannot be reached in an emergency, I give permission to the physician selected by the challenge course facilitator to administer necessary and proper medical treatment.