



CHALLENGE COURSE RELEASE OF LIABILITY (Minor)

PARTICIPANT AGREEMENT AND MEDICAL RELEASE FORM CLIMBING WALL, HIGH ROPES, LOW INITIATIVE COURSE AND ZIP LINE

Participant Name: _____ Parent/Guardian Name: (if under 18) _____

INITIAL BELOW to indicate that you have read, understood, and agree to the section following your initials. Parents, Guardians or Legal Representatives should initial on behalf of the participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.

***IN ORDER TO PARTICIPATE THIS SECTION MUST BE INTITIALED – NO OTHER MARKINGS WILL BE ACCEPTED!**

_____ I understand that Challenge Course / Climbing / High Ropes / Adventure Based activities are, by their nature, physically and emotionally demanding, and that participating in the challenge course program may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased heart or breath rates and/or physical contact with others.

_____ I understand that although Lake Villa Township staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc.).

_____ I am aware that certain risks and dangers exist in the activities that are beyond the control of Lake Villa Township employees.

_____ I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify an Lake Villa Township employee if I have safety concerns. Lake Villa Township practices the “Choose Your Challenge” philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

_____ I understand that Lake Villa Township staff has the right to deny my participation and that it is my responsibility as a Participant to follow the instructions, guidelines and procedures established by the Facilitator(s)/Trainer(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s)/Trainer(s), I realize that it is my responsibility to ask for clarification and/or assistance before any participation.

_____ I understand and assume all dangers and risks (both known and unknown) associated with my participation in the challenge course program and waive, release and discharge District 117, Peacock Camp, and the Lake Villa Township and their agents, officers and employees from all claims or causes of action arising from my participation.

_____ I give my consent to Lake Villa Township employees and to emergency medical personnel to treat me if they deem it to be necessary. I authorize the staff to secure such medical advice and services as they fell necessary for my health or well-being.

_____ I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my Insurance Policy that occurs as a result of my participation in the challenge course program.

_____ My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.

PARTICIPANT SIGNATURE (minors must sign) _____ Date _____

PARENT/GUARDIAN SIGNATURE _____ Date _____
(Required if Participant is under 18 years of age)



CHALLENGE COURSE RELEASE FORM (Minor)

PARTICIPANT AGREEMENT AND MEDICAL RELEASE FORM CLIMBING WALL, HIGH ROPES, LOW INITIATIVE COURSE AND ZIP LINE

Name: _____ Date of Birth: _____ Height: _____ Weight _____

Address: _____

Phone Number: Daytime (____) _____ Evening (____) _____

1st Emergency Contact Name & Phone #: _____

2nd Emergency Contact Name & Phone #: _____

Do you have health/accident insurance? (Circle one) YES / NO

If yes, name and address of company: _____

Please Read: This form is intended to remind leaders and participants of the seriousness of attempting challenge course / climbing wall / high ropes / adventure activities with an old, preexisting injury, a heart condition or other condition, which might be aggravated by the event.

- 1. Does your child have any preexisting injuries that may be aggravated by participating? Yes - No
- 2. Is your child taking any current medications? Yes - No
- 3. Does your child have any heart problems or heart medications? Yes - No
- 4. Does your child have high blood pressure? Yes - No
- 5. Does your child have any physical limitations? Yes - No
- 6. Does your child have any allergies, or reactions to any medications? Yes - No
- 7. What is your child's current level of activity at home? High Med Low

If you answer YES to any question above, please write brief explanation: _____

By signing below, I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on both pages of this Challenge Course Release Form are complete and accurate to the best of my knowledge. Lake Villa Township has the right to deny any person or group participation at any time, based on equipment, behavior and medical conditions.

PARTICIPANT SIGNATURE (minors must sign) _____ Date _____

PARENT/GUARDIAN SIGNATURE _____ Date _____
(Required if Participant is under 18 years of age)