

Participant Health History Form

Contact Information

Participant First and Last Names _____ Age _____ (Minimum age is 13)
Address _____ City _____ State and Zip Code _____
Phone Number _____ Emergency Contact Name _____ Relationship _____
Phone number where an emergency contact person can be reached while you are on the course _____

Questions

1. Do you have any pre-existing injuries (ankle, knee, back, neck, shoulder, etc) that might be aggravated by your participation? YES NO
2. Are you currently taking any medications? YES NO
If yes, please list medications: _____
3. Do you have any heart problems? YES NO
4. Do you have high blood pressure? YES NO
5. Do you often feel faint or have spells of severe dizziness? YES NO
6. Do you have any breathing difficulties or illnesses? YES NO
7. Do you have diabetes? YES NO
8. Are you pregnant? YES NO
9. Do you have allergies (food, bees, insects, medications, etc.) YES NO
10. Participating in this program may involve bending, twisting, lifting, running, jumping, climbing, increased heart and breath rates and physical contact with others. Unexpected strains or jolts to your body can occur. Does this concern you? YES NO
11. Are you afraid of heights? YES NO

If you answered YES to any questions above, please explain. _____

(The group leader may discuss the safety of your participation on the high ropes course with you.)

Please include any additional information that you feel is relevant.

Insurance and Permission to Treat

Insurance carrier _____ Policy number _____

This health history is correct to the best of my knowledge, and I believe that my/my child's health is satisfactory to participate in high ropes course activities. I authorize Metigoshe Ministries to take action as deemed necessary for my/my child's care, welfare, and health while using the high ropes course. I consent to any medical treatment necessary to treat me/my child for any accident, injury, or illness arising as a result of my participation. I understand that a copy of this form will be provided to the doctor, hospital, or other health care provider that administers the treatment and consent to its release.

Print Name of Participant (the camper)

Signature / Date

Print Name of Parent or Guardian
if participant is under 18

Signature / Date





Participant Agreement *Assumption of Risk and Release of Liability*

By signing this release form I agree to release and hold harmless Metigoshe Ministries, its employees, course facilitators, and Board of Trustees for any damages or injuries of any nature, which might be incurred as a result of my voluntary decision to participate on the Higher than the Mountains ropes course (“HTTM”) located at Camp Metigoshe on Pelican Lake.

If I do voluntarily choose to participate on HTTM, I recognize that there is a significant element of risk in my participation in a high ropes course. I understand that high ropes courses are, by their nature, physically and emotionally demanding, and possess actual risk of injury—bumps, cuts, and bruises are possible, as are greater injuries including fractures and fatalities.

Knowing the inherent risks, danger, and rigors involved in the activities associated with a high ropes course, I hereby certify that I am 13 years or older and fully capable of participating on HTTM and any related activities. I understand that Metigoshe Ministries has the right to deny participation if there are any safety concerns. I also understand that I have the right and responsibility to limit my participation in any activity that I believe will compromise my safety. If I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation. I recognize that it is my responsibility as a participant to follow the safety guidelines and procedures established by Metigoshe Ministries and the course facilitators.

I assume full personal responsibility for any injury, death, loss of personal property, and expenses thereof, that may result from my negligence, or other risks associated with HTTM, including, but not limited to, those caused by the high ropes course, the terrain, the weather, my athletic and physical condition, and other participants.

By signing this release form, I agree that if I do sustain any injury or damage of any nature as a result of my voluntary decision to participate on HTTM, I will hold harmless and release Metigoshe Ministries from liability for any loss resulting from such participation and that this release is binding on my heirs and assigns. I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my insurance policy.

I acknowledge that I have been given the opportunity to ask questions regarding my participation on HTTM and any aspect of this release form. By signing in the space provided below, I acknowledge that I have completely read and fully understand all aspects of this release form and agree to its terms in its entirety.

I grant Metigoshe Ministries the right to use any photograph or video taken on HTTM for future publications, including a website.

Print Name of Participant (the camper)

Signature of Parent or Guardian if Participant is under 18
(Participants 18 and older may sign for themselves)

Date