

Camp Texlake Challenge Course

Participant Information and Liability Release Form

The Camp Texlake Challenge Course program involves a variety of activities that include stretching/warm-ups, physically active games, group "brain teasers", low challenge course activities (at 8' or below with minimum safety equipment) and high challenge course activities (from 8' to 40' with harnesses, helmets, and state-of-the-art safety equipment and procedures). These activities will involve physically and emotionally demanding activities in an outdoor setting, and may include climbing, jumping and other rigorous activities on natural and man made structures. I understand that each activity is based on the philosophy of "Challenge By Choice" which means no one will ever be emotionally or physically pushed to participate beyond their feelings of safety.

The Camp Texlake Challenge Course facilitators and members of your group will work together to complete the activities and insure the safety of all. It is possible that you may be injured while participating in the program either because of your own conduct, conduct of others in the group, or due to the nature of the activity. I understand that I will be a crucial aspect of my own safety as well as the safety of others. Inappropriate behavior that may bring harm to others or myself may result in removal from all other activities by the facilitators. Persons removed from any activity due to conduct will become the responsibility of the sponsoring agency/group/adult leader.

Certain health/medical information must be made known to the facilitators conducting this program so they will be prepared to respond appropriately if the need arises. All information given on this form will be held in confidence.

Medical Information: (please print)

Name: _____ Birthdate: _____ Age: _____

If you have or have had any of the following symptoms or conditions, circle "yes", underline the specific condition, and provide pertinent details on the back of this form. If not, circle "no".

1. Yes No Unresolved muscle, joint, or nerve injury (including back, knee, or neck).
2. Yes No History of diabetes, thyroid imbalance or hypoglycemia or other related condition.
3. Yes No History of epilepsy, seizures, or fainting.
4. Yes No History of cardiac condition (such as palpitations, murmur, irregular rhythm)
5. Yes No History of irregular blood pressure.
6. Yes No History of respiratory condition (such as asthma, chronic bronchitis, COPD)
7. Yes No Injury or illness requiring hospitalization within the past six (6) months.
8. Yes No Episodes of depression, anxiety, hysteria, or nervousness.
9. Yes No Severe Allergies (including insects).
10. Yes No History of drug allergies (i.e. penicillin, tetanus antitoxin)
11. Yes No Currently taking any medications on a regular basis (please list on back all medications).
12. Yes No Currently under a medical professional's care or have other medical conditions not listed.

All participants must wear sturdy, close-toed shoes (i.e. tennis shoes), pants or shorts that cover at least to mid-thigh, and shirts that cover the shoulder-area. Clothing may act as protection from the course obstacles and it is recommended that participants wear clothing that can become soiled or damaged. Persons with long hair will be expected to gather it up along the nap of the neck so that a helmet can easily fit over. Jewelry, non-prescription eyewear or additional items must be removed before participation and Camp Texlake cannot be held responsible for these items.

I have read and understand this release of liability, and voluntarily sign it. I affirm that my health is good and I am not under a physician's or other medical professional's care for any undisclosed condition that bears upon my fitness to participate in the activities. I hereby release Camp Texlake and the Girl Scouts of Central Texas, challenge course facilitators, staff representatives, and volunteers from all liability for any injury to me from participating in the program activities. I hereby give permission for Camp Texlake staff to administer basic first aid or to seek appropriate medical assistance.

Signature of Participant

Signature of Parent/Guardian (if under 18)

Date