

Release of Liability Waiver & Health History form For Use of Climbing Wall
Crooked Creek Christian Camp

CLIMBER NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ INSURANCE COMPANY: _____

Check box if participant is under the age of 18. If so, print name of guardian: _____

In Case of Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Release of Liability Form. Please initial next to each line stating that you are in agreement:

- ___ All climbers must wear closed-toe shoes, remove jewelry and tie back hair while climbing.
- ___ All climbers must abide by any rules set by trained belayers and must listen to instructions.
- ___ All climbers age 10 and under must wear a helmet when climbing. All climbers over the age of 10 can choose to wear a helmet when climbing. Camp is released of any liability should a climber choose not to wear a helmet that is freely offered.
- ___ Prohibited are the use of tobacco, alcoholic beverages, illegal substances, firearms, and fireworks.
- ___ Participants understand that there is risk involved in the sport of climbing at Crooked Creek Christian Camp, and while camp does everything possible to minimize risk, participant will not hold Crooked Creek Christian Camp liable in the event of an accident related to use of the climbing wall.

I, (guardian if under 18) _____, agree to the above stipulations and hereby release Crooked Creek Christian Camp from any liability concerning my safety.

Health History Form:

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

- ___ yes ___ no 1. Any preexisting injuries (ankle, knee, back, neck, etc.) that might be aggravated by participating?
- ___ yes ___ no 2. Taking any medications? _____
- ___ yes ___ no 3. Any heart problems or heart medications? _____
- ___ yes ___ no 4. Do you have high blood pressure?
- ___ yes ___ no 5. Do you have allergies (food, bees, insects, medications, etc.)?
- ___ yes ___ no 6. Do you have any physical limitations that could affect your participation?

If you answered yes to any of the above please discuss with your group leader and give us any additional information you feel is relevant: _____

___ I recognize that my health condition may cause increased risk to my safety while climbing but I choose to participate and release camp of any liability related to my health condition(s).

I hereby consent for myself or my child to participate in Climbing Wall and agree to the above stipulations and hereby release Crooked Creek Christian Camp from any liability concerning the safety of my child.

Signature: _____

Printed Name: _____