



# CAMP ROGER

## > OUTDOORS

# Informed Consent

### Acknowledgment of Risk

You are scheduled to participate in an adventure-based experience at Camp Roger that will involve a variety of physically and emotionally challenging activities. This includes but is not limited to warm-ups, games, low and high ropes challenge course elements, etc. A trained instructor, who will provide a safety orientation, will facilitate each activity. However, there is a potential for injury and this risk must be assumed by each participant. At no time will you be forced to do anything!! Participation in individual activities and elements is voluntary at all times. We require that each participant have health or accident insurance coverage and/or be covered under a group liability or workers compensation insurance plan. In addition, certain health information must be shared with our facilitators so that we are prepared to respond appropriately if the need arises. Please complete the information below and return it signed to Camp Roger prior to your adventure experience.

### Health Information

Below are some common health history issues that participants should consider prior to the adventure experience. Please consider your health carefully and discuss any concerns with a Camp Roger instructor prior to engaging in the activities:

Cardiac or pulmonary condition  
Fainting spells or convulsions  
Pregnancy

Back or Neck injury  
Shortness of Breath  
High Blood Pressure

Any Orthopedic Problem  
Recent Injuries  
Insect Allergies

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Informed Consent

I understand that there are risks of personal injury that accompany my participation in programs at Camp Roger. By signing below I acknowledge that I have been informed as to the nature of these activities and the possible risks associated with them. I have accurately completed the health information section and affirm that I am able and willing to participate in these activities, with restrictions as listed. I understand that I may choose to not participate in any activity and that I assume responsibility for my actions. Furthermore, I give the staff at Camp Roger my permission to seek necessary treatment by licensed medical personnel for my minor child in the event of an emergency. This authority is granted only after a reasonable effort has been made to reach me as a parent.

I also agree to indemnify and hold Camp Roger, its directors, officers, employees, volunteers, and other organizations using the camp harmless from any and all claims or suits, whether valid or not valid, and damages arising out of or resulting from our use of the camp or adventure course or from the activities of any person or our group; whether occurring on or off the adventure course or the camp premises.

I give permission to Camp Roger to use photos, videotapes, or any other media record of me as a participant for publicity purposes.

Group Name: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Birth date: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under 18 yrs old)

Address: \_\_\_\_\_