



24175 S. E. Hwy 450, P. O. Box 49, Umatilla, FL 32784 * 352-669-9443 or 1-800-523-1673

Region: _____

**2018 ROPES CHALLENGE COURSE
PARTICIPATION AGREEMENT - ASSUMPTION OF RISK**

1. I (Please print participants full name) _____ understand that the Florida Elks Youth Camp's Ropes Challenge Course is an outdoor adventure activity and that certain known and unknown inherent risks may exist in relation to this unique activity.

2. I understand that some, but not all, of the risks may include:

- | | |
|---|---------------------------------|
| Extreme temperature or weather conditions | Bruises and/or scrapes to body |
| Risk of falling and/or equipment failure | Bee stings or insect bites |
| Emotional distress | Heat exhaustion-heat stroke |
| Serious injury | physically difficult conditions |

3. I understand that the Florida Elks Youth Camp operates all programs on a **Challenge by Choice** basis. I understand that I am free to choose **NOT** to participate in any activity or **PART OF** any activity that I do not want to participate in.

4. I understand that the Florida Elks Youth Camp's Ropes Challenge Course staff will meet professionally accepted standards of care and safety. I understand that safety rules will be discussed throughout the day and it is my responsibility to ensure that I understand and follow all safety guidelines.

5. I understand that it is my responsibility to inform the Florida Elks Youth Camp staff of any and all physical limitations, liabilities, or injuries including but not limited to: neck and back problems, recent surgery, allergies and any other medical situations.

6. I understand that the Florida Elks Youth Camp, its staff, employees, independent contractors and associates shall not be held liable or responsible in any way to me for bodily injury, illness (whether mental or physical), property damage or loss. The terms hereof shall serve as a release and assumption of risk for me and all members of my family. Should the Florida Elks Youth Camp, or anyone acting on its behalf, be required to incur attorney's fees to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

7. Specifically exempted from this release are any injuries caused by the gross negligence of any Florida Elks Youth Camp staff as it specifically relates to the Ropes Challenge Course safety procedures.

8. I HAVE READ UNDERSTOOD AND ACCEPTED THE CONDITIONS STATED HEREIN AND HEREBY ACCEPT THE CHALLENGE OF THE FLORIDA ELKS YOUTH CAMP ROPES CHALLENGE COURSE PROGRAM.

Participant

Date

Witness/Parent/Legal Guardian

Date

**2018 FLORIDA ELKS YOUTH CAMP, INC.
INFORMED CONSENT/MEDICAL INFORMATION**

Region: _____ **Please Print In Black Ink ONLY**

Group Name: **Camp Tequesta - Children's Burn Foundation of Florida, Inc** Course Date: **November 8-11, 2018**

Participant's Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Name of Personal Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Do you have health/accident insurance? (Please check) _____ Yes _____ No
If yes, please list carrier and policy number: _____

Do you have any limiting physical health disabilities? (Please check) _____ Yes _____ No
If yes, explain: _____

Are you taking any medication, prescribed or otherwise? (Please check) _____ Yes _____ No
If yes, list medication and condition for which medicine is taken. _____

List any and all known allergies, (i.e.: medicine, insects, etc.) _____

If allergic to bee stings/ant bites, do you carry a sting/bite kit? (Please check) _____ Yes _____ No

Please answer Yes or No to the following questions: Can you swim? _____ Are you pregnant? _____
Do you wear contact lenses? _____ Under the influence of any chemical substance including alcohol? _____

Do you currently have or have had in the past any of the following symptoms or conditions? (Please mark with a yes or no beside each item)

- | | | |
|---|-----------------------------------|------------------------|
| _____ Heart Disease or Heart Attack | _____ Asthma | _____ Inhaler present? |
| _____ High Blood Pressure | _____ Epilepsy | |
| _____ Chest Pains, Palpitations or Heart Murmur | _____ Drug Reactions | |
| _____ Stroke | _____ Back, Neck or Knee Problems | |
| _____ Diabetes | _____ Recent Injuries of any kind | |

_____ Any history of any of the above mentioned in your family?
If you marked YES to any of the above, please explain each item & give dates: _____

List any other condition(s) we should be aware of: _____

Signature** of participant indicates an understanding of the above information and a release to treat, in the event of an emergency. I and my family release FEYC, its employees, staff and other agents from any claims or liability arising out of my participation in the Florida Elks Youth Camp Ropes Challenge Course.

Participants Signature: _____ Date: _____

** Parents/Guardians Signature if participant is under 18: _____

** Printed Name of Parents/Guardians: _____ Emergency Phone #: _____

2018 Basic Rules for Bounce Houses

Region: _____

1. Each Bounce House must have an adult present when in use.
2. No more than 6 children at a time. Ages should be similar.
3. No shoes allowed in/on the inflatables.
4. All phones, iPods, glasses and any other sharp objects must be removed before participation.
5. You must enter and exit calmly through the designated doorway.
6. No rough-housing, horseplay, wrestling, climbing, pushing or flipping.
7. No food, gum or drink in or around the Bounce Houses.
8. The Bounce Houses cannot be used during strong wind, lightning or rain.
9. Do not let children sit or lie down inside the Bounce Houses.

Joust Inflatable

1. Helmets must be worn by participants.
2. Jousting sticks may only be used inside the jousting ring.

Velcro Wall

1. Velcro suits must be worn properly by participants.
2. Velcro suits are to remain with the wall.

Water Slide

1. No denim.
2. Only one person on the ladder at a time.
3. Only one person at the top of the slide at a time.

ASSUMPTION OF RISKS

In consideration of being allowed to play on the Florida Elks Youth Camp's Bounce Houses, the parent/guardian of the undersigned agrees to the following conditions:

1. I willingly agree to comply with the stated rules and if I observe any hazard, I will bring it to the attention of the nearest Florida Elks Youth Camp employee.

2. I am aware that there is a risk of personal injury from the use of inflatable equipment, and while particular rules, equipment, and personal discipline reduces the risk, the risk of injury continues to exist. I knowingly assume all such risks of personal injury arising from the negligence acts or intentional disregard of the basic rules stated herein by other participants; including but not limited to, bodily injury resulting from forceful contact with another participant, their clothing, equipment, or possession, loss of eyesight resulting from being poked by another participant, their equipment, or possessions, torn ligaments from excessive bouncing and any other such injury as may reasonably be contemplated and I hereby hold harmless and indemnify the Florida Elks Youth Camp and employees with respect to any and all injury, disability, or loss or damage to person or property associated with my use of its Bounce House, except as may be prohibited by law.

Participant Name

Date

Parent/Guardian Printed Name of Participant

Parent/Guardian Signature

Date