



# White Memorial Camp and Conference Center Assumption of Risk



*All are welcome here!!!*

Name of Participant: \_\_\_\_\_ Group Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The proposed White Memorial Camp activities require participation in physical exercises that are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases.

## HEART-RELATED INFORMATION

Have you had or do you currently have any heart problems?  
 (Dates): \_\_\_\_\_  YES  NO Do you often feel faint or have spells of severe dizziness?  
 \_\_\_\_\_  YES  NO  
 Do you frequently suffer from pains in your chest?  YES  NO Are you a smoker? \_\_\_\_\_  YES  NO  
 Has a doctor ever told you that you have high blood pressure?  
 \_\_\_\_\_  YES  NO **(NOTE: if you have had any heart related problems you will need to have a release from a physician in order to go through a high elements training.)**

## OTHER HEALTH INFORMATION

Have you had any operations or Serious injuries?  
 \_\_\_\_\_  YES  NO Are there any activities to be limited/discouraged (dates):  
 by physicians advice? \_\_\_\_\_  YES  NO  
 Do you have arthritis, joint, or back problems that  
 might be aggravated by exercise? \_\_\_\_\_  YES  NO Are you allergic to any medicines, insects or pollen?  
 \_\_\_\_\_  YES  NO  
 Do you have Epilepsy? \_\_\_\_\_  YES  NO Are you currently sick and/or using a  
 medication that is not listed above? \_\_\_\_\_  YES  NO  
**(Please list on back of form)**  
 Do you have Diabetes? \_\_\_\_\_  YES  NO Do you have any disabilities or chronic recurring illness?  
 \_\_\_\_\_  YES  NO  
 Do you have any prescribed meal plan or dietary restrictions?  
 \_\_\_\_\_  YES  NO

I, \_\_\_\_\_ (name of participant), am aware that during my participation at the **White Memorial Camp and Conference Center** certain risks and dangers may occur. These include, but may not be limited to, the hazards of being in a rural area, the forces of nature, and other reasons because of the content of this program. In consideration of these activities, a special environment, I have and do hereby assume all risks and will hold **White Memorial Camp and Conference Center of the K/O Conference United Church of Christ. Its employees and associated parties** harmless from any and all liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connections with my participation in any other activities arranged for me by **White Memorial Camp and Conference Center**. The terms hereof shall serve as a **RELEASE AND ASSUMPTION OF RISK** for my heirs, executors and administrators and for all members of my family. In case of accident or illness, sunburn, heat exhaustion, bug bites, etc. **White Memorial Camp and Conference Center** will attempt to provide first aid and arrange transportation to medical services if needed. Cost of medical care beyond aid is the financial responsibility of the ill or injured person. I assume full responsibility for my health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. **White Memorial Camp and Conference Center** will be notified of any changes in participant's health status prior to the activity/trip departure. I declare the statements on this form to be true.

\_\_\_\_\_  
 (Signature of Participant)

\_\_\_\_\_  
 (Date)

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of, \_\_\_\_\_ (print minor's name, hereafter referred to as "Minor"), being permitted by **White Memorial Camp and Conference Center** to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless **White Memorial Camp and Conference Center** from any and all claims which are brought by, or on behalf of Minor, and which are in anyway connected with such use or participation by Minor. I assume full responsibility for Minor's health being such that the activities will in no way aggravate any conditions present. **White Memorial Camp and Conference Center** will be notified of any changes in Minor's health status prior to the activity/trip departure. I declare the statements on this form to be true.

\_\_\_\_\_  
 (Signature of Participant)

\_\_\_\_\_  
 (Date)