

33712 Webster Road East
 Eatonville, Washington 98328-9662
 Phone: (253) 847-2511
 FAX: (253) 847-2910

LIABILITY RELEASE FORM

Purpose. This document informs the participants and/or legal guardians of specific issues requiring consent during Challenge Course and Outdoor Education Programs at Camp Arnold at Timberlake.

1. Release and Indemnification
2. Policy for Pregnant Woman

Condition. Participant is required to sign this document to acknowledge understanding and agreement of the content. If the participant is under 18 years of age, the parent or guardian is required to sign.

Release and Indemnification The undersigned participant and parent or guardian acknowledge that The Salvation Army, as part of its recreational, physical and outdoor educational program at Camp Arnold in Eatonville, Washington, has created a challenge course designed to enhance the coordination and physical condition of participants. The undersigned persons acknowledge further that The Salvation Army has taken reasonable precautions to assure that its education program will provide a safe experience for participants. The undersigned also acknowledge that the program requires physical exertion and strenuous effort. As with any physical activity involving strenuous physical effort, it is not without risk. The undersigned persons acknowledge that the participant is in good general health and physically fit to participate in the program. The undersigned also acknowledge that with particular reference to the High Challenge Course, participant will be wearing a harness as part of a safety system designed to mitigate injury from any fall.

The undersigned persons acknowledge and agree that neither The Salvation Army nor any facilitator or employee of The Salvation Army shall be held liable for any occurrence in connection with the education programs that may result in injury or other damage to the undersigned participant, and the undersigned further agree to indemnify and hold harmless The Salvation Army and all persons associated with it from any claim by the undersigned participant or his/her family, estate or heirs arising out of participant's enrollment and participation in any recreational or educational program of The Salvation Army.

The undersigned persons further acknowledge that enrollment in The Salvation Army challenge course, recreational or outdoor educational program is entirely voluntary, and that in consideration of being able to enroll and participate in a course, the undersigned persons hereby assume all risks related to the course for any injury or damage to person or property that may result while the undersigned participant is enrolled in the course and the undersigned assume all risks connected with participation in the course, whether foreseen or unforeseen.

Policy for Pregnant Women: Women who are pregnant are invited to participate in Team and Low Challenges, Initiatives, Games and other activities associated with the Outdoor Education Program. The woman and the facilitator will discuss safety issues of each activity and decide whether or not the activity compromises the safety of the mother and the unborn child. Pregnant women are prohibited from climbing on the High Elements. Pregnant women will not be harnessed.

Appropriate signatures are required before participant can partake in Challenge Course and/or Outdoor Education Program activities.

 Print Name (of participant)

 Signature (of participant)

 Date

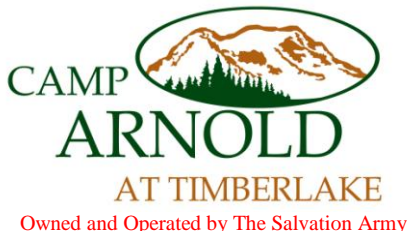
 Print Name of Parent/Guardian if under 18

 Signature of Parent/Guardian if under 18

 Date

 Address

 Phone Number



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MEDICAL RELEASE AND INFORMATION FORM

A. General Information (Please Print) Name of School, Group or Organization: _____
 Name of Participant: _____ Phone: (H) _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Male Female Age: _____ Birth Date: (Month) _____ (Day) _____ (Year) _____

B. Medical and Insurance Information
 Name of Personal Physician: _____ Phone: _____
 Is participant covered by any hospitalization, health or medical insurance? Yes No
 Company/Carrier and Policy Number: _____

C. Medical History
 List any limiting physical/health conditions that participant has (temporary or permanent). _____
 List all medication participant is currently taking. _____

Allergies List all known allergies to medications. _____
 Is participant allergic to bee stings? Yes No
 If yes, will participant have a sting kit with her/him at Camp Arnold? Yes No

Cardiac Conditions (please check any conditions that apply to participant)
 Family History of Heart Disease Heart Murmur or Irregular Heart Beats
 Heart Disease or Heart Attack Chest Pains or Shortness of Breath
 Family History of High Blood Pressure High Blood Pressure

Conditions of Concern (please check any conditions that apply to participant)
 Asthma If yes, will participant have an inhaler with her/him at Camp Arnold? Yes No
 Epilepsy Learning, Emotional or Behavioral Conditions
 Diabetes Back, Neck or Knee Problems
 Pregnant Any impairment of Sight, Hearing or Speech

If you have checked any of the above, please provide details on each (use the back side of this page).
 List any other condition(s) that the staff should be aware of (use the back side of this page).

D. Signature of Student and Parent/Guardian
 I hereby understand that all reasonable precautions for my health and safety are taken by Camp Arnold during my participation in The Outdoor School and the Challenge Course Program and that participation in all activities is at my own risk.
 I hereby authorize The Salvation Army, acting through any adult officer thereof, into whose care I have been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to me under the general or special supervision and the upon advice of a physician and surgeon licensed under the provisions of the State Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act.
 Should an accident or emergency occur that renders me unable to communicate or judge correctly, I hereby give permission to the physician selected by present Camp Arnold staff member to hospitalize and/or secure proper treatment for me, except as noted below. I agree to hold only myself liable for these noted exceptions:
 Exceptions to treatment/hospitalization (use the back side of this page): _____

Print Name of PARTICIPANT _____ **Signature of PARTICIPANT** _____ **Today's Date**

Print Name of Parent/Guardian _____ **Signature of Parent/Guardian** _____ **Today's Date**

EMERGENCY CONTACT PERSON (#1): _____ **PHONE:** _____
EMERGENCY CONTACT PERSON (#2): _____ **PHONE:** _____