



## BARRIERS & BRIDGES Release Form

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Group Name: \_\_\_\_\_

### Participant Section (Please print)

Trip Date \_\_\_/\_\_\_/\_\_\_

(If under age 18 this "participant section" & "parent/guardian section" must be filled out by a parent/guardian)

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F M

1. Is there any history of allergy or drug reactions, including allergies to bee sting? Yes\_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_
2. Is there any history of musculoskeletal problems including back, knee, ankle, shoulder, neck or spine? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_
3. Is there any history of heart problems? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_
4. List any medication being used \_\_\_\_\_
5. List any major surgeries and when they occurred \_\_\_\_\_
6. Are you (the participant) pregnant? Yes \_\_\_ No \_\_\_
7. Date of last tetanus booster \_\_\_\_\_

Phone number(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### **Acknowledgement of Risk & Liability Release**

I, the participant, agree that I have carefully read and understand the provisions(Acknowledgement of Risk/Release of Liability) on page 2 of this form & sign the release freely & voluntarily.

• **Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Parent/Guardian Section (This section must be filled out if participant is under age 18)

#### **Acknowledgement of Risk**

I acknowledge that there can be no guarantee of absolute safety against risk and unforeseen accident, as detailed on page 2 of this form, and consent to the participation of the above named participant at Camp Friedenswald, Inc. and execute this release, waiver and indemnification.

#### **Liability Release**

I, as parent/ legal guardian of above participant, agree that I have carefully read and understand the provision on page 2 of this form and sign this release freely and voluntarily.

#### **Medical Release**

I give permission for my child to participate in the Barriers and Bridges Program at Camp Friedenswald & designate Camp officials to act in my behalf in authorizing routine, non-surgical medical care as well as emergency medical & surgical care for: \_\_\_\_\_(Child's name).

• **Parent/Legal Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Fill out the following contact information if different than child's listed above)

Phone number(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

# **BARRIERS & BRIDGES Release Form**

## **(page 2)**

### **Acknowledgement of Risk**

### **READ BEFORE SIGNING**

I understand that participation in a Camp Friedenswald Barriers and Bridges Program requires that myself or other group members to be lifted, carried, or passed by group members, or that it may require me to walk along cables suspended less than three feet in the air and that these activities contain a degree of risk.

I understand that my participation in the Barriers and Bridges program is under the supervision of trained Camp Friedenswald personnel. I understand that the Program is located on a tree-covered terrain, and that activities might vary with the seasons, environment and requests of group leaders. I understand that these activities carry the risk of emotional or physical injury and disability. I understand that although Camp Friedenswald has taken precautions to provide proper equipment, follow written safety procedures, and train instructors for each course, it is impossible for Camp Friedenswald to guarantee absolute safety.

I accept the responsibility for safety of myself and others on the course(s). I understand that my level of participation in the program is up to me and that I am responsible to inform the group of my choices. I understand that I may experience pressure to push myself beyond my boundaries by members of the group and that I need to inform them if this happens.

I accept the responsibility to verify with my physician that I have no physical or psychological problems that would prohibit my participating in the program. I agree to comply with the instructions and directions of Camp Friedenswald staff members and agree to abide by established Camp Friedenswald rules and regulations while participating in the program. Failure to comply will result in my dismissal from the course.

### **Release of Liability**

### **READ BEFORE SIGNING**

In consideration of being permitted to participate in the Camp Friedenswald Barriers and Bridges Program, I agree, in the event of any accident, injury or illness resulting from my participation in the Barriers and Bridges Program, to hold harmless Camp Friedenswald Inc., its employees and/or agents, and the Central District Conference of the Mennonite Church USA. I further agree to indemnify Camp Friedenswald, Inc., its employees and/or agents, and the Central District Conference of Mennonite Church USA from any loss, liability, damage or costs that may be incurred due to my participation in the Barriers & Bridges program or arising out of the acts of other participants of the program or other Camp activities.

I agree that this release waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that if any portion thereof is held invalid it is agreed that the balance shall notwithstanding continue in full legal force and effect.