

Necessary Release Forms

RELEASE OF LIABILITY STATEMENT:

I (we), the undersigned, understand that there are inherent risks of personal injury or property damage that accompany my (our) participation (and/or my son's daughter's participation) in this Camp Ao-Wa-Kiya program. By signing below I (we) acknowledge that I (we) have satisfied myself (ourselves) as to the nature of activities I (we or my son or daughter) will be participating in, the risks associated with such activities, the concept of "Challenge by Choice," and the necessity to know my (our or my son's or daughter's) own limits and to assume responsibility for my (our or my son's or daughter's) actions.

I (we) have completed the attached "Confidential Participant Health Information Form" and affirm that I (we) am (are) not under a physician's care for any undisclosed condition that bears upon my fitness to participate in Camp Ao-Wa-Kiya activities. I (we) understand that I (we) am (are) free to choose not to participate in any activity, and hereby release Camp Ao-Wa-Kiya, its staff members, its governing organizations, its officers, trustees, employees, agents, and all other persons associated with Camp Ao-Wa-Kiya from any and all liability, damages, claims, demands, actions and causes of actions of any kind or description arising out of or in any way related to any activity that I (we) may participate in at Camp Ao-Wa-Kiya. The undersigned does (do) hereby further agree to indemnify and hold harmless any party herein or by any third party arising out of or in any way related to any actions or activities while at Camp Ao-Wa-Kiya. I (we) understand this release is binding upon my (our) heirs, executors, and assigns.

Signature: _____ Date: _____

Date of Birth: _____

Signature of Parent/ Guardian if under 18 years of age: _____

Address: _____

City: _____

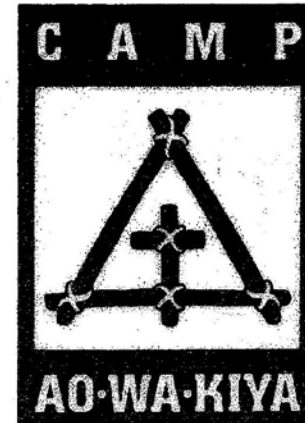
State: _____ Zip: _____

Home Phone: _____

Business Phone: _____

I (we) grant Camp Ao-Wa-Kiya and persons acting for or through this organization, the right to use, reproduce, assign, and to distribute photographs (only the really good ones), films, videotapes, and sound recordings of myself for use in materials they may create resulting from my participation in this program.

Date: _____ Signature: _____ Parent/ Guard: _____



Banded Together for a Purpose

**BUILDING TEAMS,
BUILDING TRUST,
BUILDING FAITH,
ON THE...**



**Medical Information &
Release Forms**

CHALLENGE BY CHOICE

42' tall
climbing tower
**ROCK
CLIMBING**
62' long
bouldering wall

**HIGH ADVENTURE
CHALLENGE COURSE**
14 high adventure elements
built 30' up in the trees

This Camp Ao-Wa-Kiya program is composed of activities that may be unfamiliar to participants. To ensure participants have control over their own personal safety, we have adopted the philosophy of "Challenge by Choice." At all times, participants in this program are completely in control of their level of participation and need only to attempt to do those activities they choose. Participants should listen carefully to all instructions of the facilitator(s), set their personal goals in relation to the group's goals, make a decision as to their level of participation, and inform others of their choice. *No one will force you to do anything!*

**LOW ROPES
TEAM INITIATIVES**
10 team problem
solving initiatives

Program Disclosure

The Ao-Wa-Kiya Adventure Challenge Course Program involves a variety of physically and emotionally challenging activities. The level of participation and activities is at all times optional for individual participants. Yet, there is a risk which must be assumed by each participant that he or she may suffer some physical or emotional injury. Our policy for participation in this program requires that each participant have health or accident insurance coverage, and/or be covered under group liability or worker's compensation insurance plan. In addition, certain health/ medical information must be made known to our facilitator(s) so that they are prepared to respond appropriately if the need arises. The "Confidential Health Form" (provided) should be completed and returned to Camp Ao-Wa-Kiya prior to participating in any activities. This information will be held in strict confidence!

**SIDE 'BY' SIDE
ZIPLINE TOWER**
2 - 670' long
zip line adventure

Confidential Health Information Form

Today's Date: _____ Please Print
Name: _____ Phone: _____
Address: _____ City: _____
State: _____ Zip: _____ DOB: _____ Male/Female (Circle One)
in case of emergency, notify: _____
Relationship to you: _____ Phone: _____
Name of Doctor: _____ Phone: _____
Health Insurance Co.: _____
Policy #: _____

Medical History—Please describe condition(s)/treatment(s) where possible:
Are you under treatment for any illness or condition? _____
If yes, please describe: _____

Are you currently taking any medication for any conditions (e.g. diabetes, epilepsy, etc.)? _____ If yes, describe: _____

Do you have allergies to: Foods? _____
Medications? _____
Environmental? _____
Other? _____

Do you have any disabilities? _____
Do you have any Fears or Phobias? _____
Do you have any past injuries? _____
Please describe origin of injury, year of its occurrence, and its current condition: _____

Do you have any history of heart problems? _____
Do you have any history of respiratory problems? _____
Have you ever undergone surgery? _____
If yes, please describe: _____

Please Sign Acknowledging the Following:

- I have answered the above questions accurately and completely.
- I believe that I (or my son/daughter) am in good health (as otherwise noted) and affirm that my (or my son's/daughter's) participation in the Ao-Wa-Kiya Adventure Challenge Course will in no way aggravate any present condition(s). If in doubt, I will seek and follow medical advice.
- The staff of Camp Ao-Wa-Kiya has my permission to seek and/ or administer emergency care on my (my son's/daughter's) behalf in the event that:
 - a. My (my son's/ daughter's) health and well-being is involved; and
 - b. the participant or parent/ guardian is unable to respond or cannot be reached at the time of the emergency; or
 - c. due to the nature of the emergency, there is insufficient time to contact the parent or guardian.

Signature: _____ Date: _____ DOB: _____
Signature of parent/ guardian if under 18 years of age: _____
Date: _____