

Camp Lutherhoma Group Initiative Course Applicant information form and release of liability

Disclosure

Camp Lutherhoma's Group Initiative Course programs involve a variety of activities that often include warm- ups, games, group initiative problem, low and high course elements, and other rigorous physical adventure activities. (The level of participation in a Camp Lutherhoma Group Initiative Course program activity is, at all times, completely up to the individual participant's choice.) Yet, there is risk which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

Policy for participation in all Camp Lutherhoma Group Initiative Course programs requires that every participant have health/ accident insurance coverage. In addition, certain health/ medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form, bring it with you, and give it to the instructor(s) that will be leading you in the program prior to participating in any activities.

Name of Event _____ **Dates of event:** _____

Applicant information:

1. Name _____ Social Security _____ Date of birth ___/___/___

2. Do you have health/ accident insurance? ___yes ___no

If yes, Name of company _____ Group # _____

Address of company _____ Policy # _____

3. Do you have any limiting physical disabilities or handicaps ___no ___yes

If yes, please identify and explain: _____

4. Have you ever had surgery, broken bone, sprain, strain, etc? ___no ___yes

If yes, please list type of injury and to what body part the injury occurred: _____

5. Are you currently taking any medication (prescribed or otherwise)? ___no ___yes

If yes, please list type and conditions: _____

6. Do you have any allergies, reactions to medications, other? ___No ___yes

If yes, please identify and explain: _____

RELEASE OF LIABILITY:

I understand that parts of the Camp Lutherhoma Group Initiative Course program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Group Initiative Course activities. I recognize the inherent risk of further injury or disability in the Group Initiative Course activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release Camp Lutherhoma, and its staff members, and board of Directors from all liability for any injury to me from participation in Camp Lutherhoma Group Initiative Course activities.

Applicant's Signature (18 and older): _____ **Date** _____

Applicant's Address _____ City _____ State _____ Zip _____

Home phone: _____ Business/ work # _____

Parent/Guardian's Signature (under 18): _____ **Date** _____

PHOTO/ MEDIA RELEASE

I, _____, grant Camp Lutherhoma and persons acting for or through them, the right to use, reproduce, assign, and/ or distribute photographs, films, videotapes, and sound recordings of myself, for use in materials they may create for sole purpose of promoting Camp Lutherhoma and its programs.

Signature: _____ **Date** _____