



CHALLENGES FOR SUCCESS - ROPES COURSE WAIVER FORM

In consideration of Gesstwood Camp and Retreat Centre, the Essex Presbytery of the United Church of Canada, the United Church of Canada, and the Challenges for Success Ropes Course, I permit the undersigned participant to partake in a workshop and use the Challenges for Success Ropes Course, and all its related equipment and Ropes Elements.

I, _____, for myself, my heirs, executors, administrators and their respective servants, agents or employees, hereto and forever after excuse Gesstwood Camp and Retreat Centre, the Essex Presbytery of the United Church of Canada, the United Church of Canada, and the Challenges for Success Ropes Course from any claims, damages, demands, actions or causes arising out of, or in consequence of any loss, injury or damage, to my person or property incurred while attending or participating using the Challenges for Success Ropes Course, and all of its related equipment and Ropes Elements, notwithstanding any such loss, injury or damage that may have arisen by reason of negligence of Gesstwood Camp and Retreat Centre, the Essex Presbytery of the United Church of Canada, the United Church of Canada, and the Challenges for Success ropes course servants, agents or employees.

And for the above consideration, the undersigned further agrees not to make any claim or to commence or maintain any action or proceeding at any person, corporation, or other entity in which any claim could arise against Gesstwood Camp and Retreat Centre, the Essex Presbytery of the United Church of Canada, the United Church of Canada for contribution or indemnity or otherwise in respect of any incident relating to my attendance at or participation in the workshop, and use of the Challenges for Success Ropes Course, and all its related equipment and Ropes Elements; and, furthermore to indemnify and hold harmless their officers, agents, employees from any and all causes of actions, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my attendance at or participation in the workshop and use of the Challenges for Success Ropes Course, and all its related equipment and Ropes Elements.

Participant and witness must read the Course description before signing below.

IN WITNESS WHEREOF this instrument is duly executed this ____ day of _____, 20____.

_____ - (witness)

_____ - (signature of participant)

_____ - (name of participant – please print)

THIS RELEASE AND INDEMNIFICATION FORM MAY ONLY BE SIGNED BY THOSE PEOPLE 18 YEARS OF AGE OR OLDER. IF THE ABOVE PERSON IS UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

_____ - (signature of parent or guardian)

ROPES COURSE HEALTH HISTORY

For your safety, we require full disclosure of your current health. The information you provide will only be used to assist the Ropes staff in the unlikely event of an accident. Therefore, before you complete this form, please read it carefully. Full and accurate completion of all sections is very important. **Participants under the age of 18 require a parent or guardian's signature.**

Name: _____

Organization: _____

Address: _____ City: _____ Province _____

Post. Code: _____ Home Phone: _____ Work phone: _____

Birthday & Yr: _____ Sex (M/F) _____ Family _____

Doctor: _____ Phone: _____

Address: _____ City: _____ Province: _____

Post. Code: _____ Health Card No.: _____ Emergency _____

Contact: _____ Home Phone: _____ Work _____

Phone: _____ Other: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ **Please respond "Yes" or "No", and give any required details.**

Asthma: _____ Allergy to insect bites: _____ Hearing loss: _____ Diabetes: _____ Phobias/

Fears: _____ Environmental allergies: _____ Epilepsy: _____ Chronic joint pains/

dislocations: _____ High/low blood pressure: _____ Glasses/contact lenses" _____ Dentures/false teeth: _____

Food allergies or dietary restrictions: _____

Past injuries/illnesses: _____

When: _____

Operations: _____

_____ Medications currently

using: _____

Heart _____

condition: _____

_____ Any allergies to

medications: _____

_____ Are there any other conditions that may affect your full/active

participation: _____

Permission to Seek First Aid and to Secure Medical Help

I am sufficiently fit to participate in the Challenges for Success Ropes Course as offered by Gesstwood Camp and Retreat Centre. I have completed the health history form with information that is accurate, complete, and true to the best of my knowledge. I agree to notify the program facilitators of any changes to my health/fitness which may occur before or during the program. Should I become ill or injured, I give permission for the programme facilitators to render first aid and to seek emergency or rescue services as they see fit at my cost.

Signature of Participant/Parent or Guardian: _____

Date: _____