

# Wilderness Challenge Course & "The Rock" Climbing Wall

## Participation Agreement/Release Form

Butman Methodist Camp

& Retreat Center

158 County Road 674 Merkel, TX 79536

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### Participant Requirements:

- Wear comfortable and modest clothing appropriate for physical activity and the weather.
- Wear closed-toe and closed-heel supportive shoes. Tennis shoes or light weight hiking boots are recommended. Do not wear sandals or flip-flops.
- Bring sun protection and insect repellent.
- Do not wear jewelry such as rings, watches, necklaces, bracelets or earrings larger than a dime.
- Remove items from pockets and clothing prior to activity.
- Alcoholic beverages and illegal drugs are not permitted.
- Electronics such as portable radios (iPods and mp3 players) and handheld games are not permitted.
- Equipment and facilities' care are your responsibility. This includes no disfiguring or ruining of any site or equipment on Butman Methodist Camp property.

### As a team member on the Wilderness Challenge Course, or "The Rock" Climbing Wall, I agree to:

- Listen to all instructions given by the facilitator and give the same courtesy to all team members.
- Do all I can to protect our team from physical and emotional harm.
- Focus my efforts on succeeding in team challenges.
- Give my utmost to achieve the highest success possible in each challenge I meet. I understand that participation is a challenge by choice.
- Create a positive and non-threatening environment treating other participants with respect. I will not commit any act of violence toward anyone through word or deed, however, if I do I understand that this action may result in the termination of my participation in the Challenge Course. The minimum charge for my participation will still be applied.

I/We the undersigned do certify that \_\_\_\_\_ (Participant Name) will abide by the Butman Methodist Camp and Retreat Center guidelines and policies as stated in this Participant Agreement/Release Form.

I/We agree to hold harmless the Northwest Texas Conference of the United Methodist Church, Butman Methodist Camp & Retreat Center, their trustees, staff, employees, agents, or volunteers for any injuries that might occur as a result of being at Butman Methodist Camp & Retreat Center or participating in any of the activities at the camp site; to include, but not necessarily limited to the high and low ropes course, climbing wall, swimming pool, hiking trails, and recreational areas of the camp or its facilities.

I/We hereby grant permission to Butman Methodist Camp & Retreat Center to use pictures of the participant named above taken during activities at the camp for publicity purposes, in advertising materials, or for use on the camp's website. For your protection we publish only school, organization and/or group names; we do not publish the names' of individual participants.

\_\_\_\_\_  
Signature of Parent/Guardian (for participants under age 18 years)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant (age 18 years and older)

Date \_\_\_\_\_

# Medical Statement

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Male  Female

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Health History: Check the appropriate answer. Explain yes answers and list dates in the comment section.

1. Have you had or do you currently have any heart problems? List Dates. Yes  No
2. Do you frequently suffer from pains in your chest? Yes  No
3. Do you often feel faint or have spells of severe dizziness? Yes  No
4. Has a doctor ever told you that you have high blood pressure? Yes  No
5. Do you have arthritis, joint or back problems that might be aggravated by exercise? Yes  No
6. Have you had any operations or serious injuries? List Dates. Yes  No
7. Do you have any disabilities or chronic recurring illness? If yes, please list. Yes  No
8. Are there any activities limited/discouraged by physician? Yes  No
9. Do you have Epilepsy? Yes  No
10. Do you have Diabetes? Yes  No
11. Do you have any prescribed meal plan or dietary restrictions? Yes  No
12. Are you currently sick and taking medication? List. Yes  No
13. Are you allergic to any medicines, insects or pollen? If yes, please list. Yes  No
14. Do you have any type of health insurance or coverage? Yes  No

Insurance Provider: \_\_\_\_\_ Policy No: \_\_\_\_\_

15. List other medications you currently take. \_\_\_\_\_

Comments \_\_\_\_\_

## REPRESENTATION AND EMERGENCY AUTHORIZATION

To the best of my knowledge this health history is correct. I believe that my health is satisfactory to participate in challenge course activities. I hereby give permission to the medical personnel selected by **Butman Methodist Camp and Retreat Center** to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include but not be limited to, charges incurred for the providing of aid and arranging evacuation if **Butman Methodist Camp and Retreat Center** or its agency determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

\_\_\_\_\_  
Signature of Participant Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian (if participant under 18) Date: \_\_\_\_\_