



## ASSUMPTION OF RISK/LIABILITY RELEASE

I \_\_\_\_\_, am aware in signing this document for participation in Eagle Rock's program that certain elements of the activity are physically and emotionally demanding. Furthermore, I understand that certain risks and dangers, such as those listed below, exist in the activities in which I am participating. These risks include: loss of damage to personal property, injury, or fatality. The above risks may be caused by, but not limited to: travel to and from activity site, inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, hypothermia, suffering any type of accident/illness in remote areas without easy access to medical facilities. I acknowledge that while Eagle Rock and its staff will make every reasonable effort to teach me proper outdoor techniques to minimize exposure to known risks, all hazards and dangers associated with this activity cannot be foreseen. I have a personal responsibility to learn and follow the safety rules and procedures established by the Eagle Rock staff and will make them aware at any point in which I question my knowledge of these procedures or my ability to participate in any activity.

In consideration of being allowed to participate in the Eagle Rock program, which includes its Christian based Bible and prayer ministry. I hereby personally assume for myself, or for my minor child, as the case may be, all risks in connection with said program for any injuries or dangers which may occur to myself or my child as participants and do fully and forever release Eagle Rock, its owners, employees and agents from any and all claims, demands, dangers, rights of action or causes of actions, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the participant's commencement of the activity or use of the facilities, equipment and property of Eagle Rock except in the case of Eagle Rock's sole negligence. I understand that the activity chosen may not be the safest, but has been chosen for its interest and challenge. I do, for myself and on behalf of my minor child as the case may be, agree to indemnify and hold harmless Eagle Rock and its affiliates and the employees and agents thereof from any liability and expense for personal or property damage, or injury not caused by their negligent actions.

My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

Group Name \_\_\_\_\_ Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***Must have parent or legal guardian sign if under 18 years old.***

Signature of participant (or parent/guardian) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

## CONFIDENTIAL MEDICAL/HEALTH INFORMATION

Name of Participant	Age	Sex
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Height	Weight	Eye Color	Date of Birth
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Family Physician	Address (city, state, zip)	Phone
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Health Insurance Company	I.D. Number
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Emergency Contact Person	Emergency Phone	Relationship
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Home Address	City/State	Zip
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Health History (please check or list if applicable)

<input type="checkbox"/> Dizziness, fainting spells	<input type="checkbox"/> Do you require an epipen, inhaler etc?
<input type="checkbox"/> Back problems	<input type="checkbox"/> Severe allergies (food, stings, drugs, etc.)
<input type="checkbox"/> Knee Problems	<input type="checkbox"/> Current medications
<input type="checkbox"/> Severe abdominal/menstrual cramps	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Frostbite, hypothermia	<input type="checkbox"/> History of heart trouble
<input type="checkbox"/> Emotional impairment/disability	<input type="checkbox"/> Low or High blood pressure
<input type="checkbox"/> Recent sprains, fractures, dislocations	<input type="checkbox"/> Epilepsy or convulsions
<input type="checkbox"/> Present use of alcohol/drugs/medicines	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Thyroid trouble	<input type="checkbox"/> Current communicable diseases
<input type="checkbox"/> Date of Last Tetanus Booster	<input type="checkbox"/> Dietary restrictions
<input type="checkbox"/> Other immunizations and dates	<input type="checkbox"/> Currently pregnant

Swimming Ability (please circle)	Strong	Average	Weak	Non-swimmer
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Please explain any items checked or any condition, injury, or other illness requiring medical treatment which might restrict or prevent full participation in the program for which you are applying. Please be advised that any of our food products may have come in contact or contain allergens, including peanuts.

I hereby authorize the Eagle Rock staff to consent to emergency examinations and/or diagnostic procedures, procurement of medical treatment, emergency surgery, or administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such medical treatment is deemed necessary for the mental or physical health of the participant and I/we cannot be reached within a reasonable time to obtain my/our consent to treatment. This grant of authority shall not create an independent duty on the part of Eagle Rock employees to consent to treatment. If the participant is under 18 years of age, this form must be signed by parent or legal guardian.

Signature	Date
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