

Challenge Course Participation

Participant Release Form

Disclosure

The Gretna Glen Challenge Course involves a variety of learning activities. The level of participation is at all times completely up to the individual's choice. Because of the learning experience, there is always a risk that must be assumed by each participant that he or she may suffer an emotional or physical injury or disability.

Policy for participation in all programs requires that every participant have health/accident coverage. In addition, certain health/medical information must be made known to the facilitators conducting programs so they are prepared to respond appropriately if the need arises. This information will be held in confidence.

Participant Information

Participating Group Name *St. Philip the Apostle Confirmation Retreat*

Date of the Program *March 5, 2011*

Participant's Name _____

Participant's Address _____

Name and phone number of person to contact in event of emergency:

Please list any medical conditions, allergies, personal limitations or concerns the facilitators should know:

Please list your insurance information:

Release of Liability

I understand that parts of the Challenge Course may be physically or emotionally demanding and that I will assume personal responsibility for my level of participation/engagement. I affirm that I am not under a physician's care for any undisclosed condition that might endanger my health or that of other participants. I recognize the inherent risk or injury that could result from any of these activities. I release Gretna Glen Camp & Retreat Center, its staff members, and facilitators from all liabilities, claims, suits and actions that may arise from any of these activities

Date _____ **Participant's Signature** _____

Parent/Guardian's Signature if under the age of 18 _____

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