

**PLEASE PRINT LEGIBLY**

**DATE OF PROGRAM:** \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: *Male Female*

EMERGENCY CONTACT NAME: \_\_\_\_\_ *Relationship to Participant:* \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: (*Work*) \_\_\_\_\_ (*Home*) \_\_\_\_\_

### **Physical Activity Readiness Questionnaire (PAR-Q)**

PAR-Q is designed to help you protect yourself. The completion of PAR-Q is a sensible first step if you are planning to engage in increased physical activity, such as a Shiloh Ropes Course program. For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of participants for whom physical activity might be inappropriate or those who should have medical advice before engaging in strenuous activities. Common sense is your best guide in answering these few questions. Please read them carefully and circle YES or NO opposite the question as it applies to you.

- YES NO 1. Has your doctor ever said you have a heart problem?  
YES NO 2. Do you frequently have pains in your heart?  
YES NO 3. Do you often feel faint or have spells of severe dizziness?  
YES NO 4. Has a doctor ever said your blood pressure was too high?  
YES NO 5. Are you currently taking any medications?  
YES NO 6. Are you unaccustomed to vigorous exercise?

- YES NO 7. Has your doctor ever told you that you have a bone or joint problem such as Arthritis that has been aggravated by exercise, or might be made worse with exercise?  
YES NO 8. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?  
YES NO 9. Do you smoke on a regular basis?  
YES NO 10. Are you pregnant?

#### ***IF YOU ANSWERED:***

##### **YES to one or more questions**

If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or participating in a Shiloh Ropes Course program. Tell your physician what questions you answered YES to on this form.

##### **NO to all questions**

If you answered the PAR-Q accurately, you have reasonable assurance of your present suitability for participation in a Shiloh Ropes Course program.

#### **INFORMED PARTICIPANT CONSENT SIGNATURE:**

\_\_\_\_\_  
Signature (parent or guardian if participant is under 18)

Date \_\_\_\_\_

# Shiloh Summer Camp, Inc.

## *RELEASE AND ACKNOWLEDGEMENT*

I do hereby release, forever discharge and agree to hold harmless Shiloh Summer Camp Inc., (hereinafter "Shiloh"), and all directors thereof from any and all liability, claims or demands and expenses of any nature whatsoever which may be incurred by the undersigned participant that occur while participating in any activity, ropes course or workday, so long as prudent and reasonable care has been maintained and Shiloh is not solely negligent.

The Shiloh program can be an activity involving risks or injury. I understand that the challenge course will involve participation in exercises that are, by their nature, physically demanding and will subject the participant to stress, anxiety and possible hazards, not all of which can be foreseen.

The course includes jumping, climbing and walking on cables, logs, walls and beams at substantial heights. There exists the possibility of certain health risks during the challenge course. These may include, but are not limited to, skeletal-muscular injuries (e.g. strains, contusions or bone fractures) and cardiovascular related disorders (e.g. fainting, abnormal blood pressure, disorders of heartbeat and heart attack).

Because of the risks involved in participating in the challenge course, I recognize the importance of the instructions regarding the rules of the event. I agree to obey such instructions. In consideration of Shiloh permitting me to participate and engage in all activities related to the ropes course and team events, I hereby voluntarily assume all risks associated with participation in the challenge course and agree to release any and all rights or claims for damages against Shiloh, their agents and employees from any and all liability. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

I hereby acknowledge and state that my participation in this activity is entered into as a free and voluntary act with full and complete knowledge of the risks involved.

In addition, in case of accident or need for medical attention, I give permission to Shiloh staff to take named participant to a doctor and/or emergency facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered under this authorization.

This release is executed and acknowledged on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Participant's Signature: \_\_\_\_\_

Participant's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature (if participant is under 18 years of age):

\_\_\_\_\_

---

**NO ONE WILL BE ALLOWED TO PARTICIPATE IN OR BE PRESENT AT A ROPES COURSE  
AND TEAM EVENT PROGRAM WITHOUT THIS COMPLETED AND SIGNED RELEASE  
FORM.**