



SV CC RELEASE & LIABILITY FORM

www.SoundViewCamp.com

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We want you to be fully informed about our Challenge/Adventure program, the setting in which your participation will take place, and your responsibilities for your own safety and the safety of others. After becoming familiar with these things and satisfying yourself about any other questions or concerns, please sign this form and bring one copy of it with you on the day of your event. You will not be allowed to participate on the course unless we have a copy of this form.

1. The Challenge Course leaders have had both training and experience to prepare them for their role as a facilitator of the activities associated with our Challenge Course.
2. Participants usually experience a great deal of excitement, motivation, and learning that can benefit them personally and professionally.
3. Participants will be invited to participate in a variety of activities including such things as: stretching exercises, warm-ups, active games, group initiative problems, and high and low ropes course elements, any of which may involve rigorous physical activity.
4. Although safety procedures will be reviewed, any activity could result in injury, embarrassment, or distress. It is the participant's responsibility to adhere to all stated safety practices. Our principle of "challenge by choice" means that each individual has the responsibility to choose the level of participation she or he will give to the activity. While all will be encouraged to try new things, it is the participant's responsibility to avoid extending himself or herself beyond physical or emotional readiness.
5. It is the responsibility of each participant to provide accurate health and medical information to the course leaders. This includes information such as allergies, physical disabilities or handicaps (temporary or permanent), mental or neurological disorders, current medications, etc. This information will be held in confidence unless permission is given to share items with other participants. This information by no means precludes you from participating on the course. It is for leader awareness in order to maintain a safe environment.
6. Participants are expected to work together to meet stated group and individual goals.
7. Participants are expected to support each other throughout these activities. Strive to avoid put-downs that devalue yourself or others.
8. Everyone is expected to participate honestly in the verbal processing of each activity.
9. Groups need to be aware that at any time Challenge Course facilitators can shut down the event because of hazardous conditions (high winds, ice, lightning, or a group's unwillingness to follow established safety guidelines, etc.).

Each participant must complete the following questions and sign the statement below.

ADDITIONAL INFORMATION AND GUIDELINES FOR PREPARATION:

Communication:

Clear and efficient verbal communication between facilitators and participants is critical. Therefore, any participant that is hard of hearing, or that is less than fluent in the English language is a higher-than-normal risk. Any potential compromise in this area must be discussed with Sound View's director before your group's arrival so that an appropriate adaptive strategy can be coordinated.

Clothing:

Some portions of the ropes course can be hard on the hands. If this is a concern of yours, gloves are recommended. Wear comfortable clothing suitable for outdoors and the time of year. Please be aware rope burns or other participants can damage clothing. Please no skirts or dresses and wear shirts that are long enough to allow them to be tucked in. Please wear long pants. Caps are fine but may need to be removed for some elements. Do not wear large buckles or hairpieces or jewelry (including watches, bracelets, necklaces, earrings, and finger rings). Such items will have to be removed before participation to prevent injuries to self and others.

BEFORE PARTICIPATION, EMPTY POCKETS OF KEYS, KNIVES, AND WALLETS ETC.

Shoes:

The entire foot must be protected. No Sandals. Running shoes or lightweight hiking boots preferable.

Sound View will provide all necessary safety equipment such as ropes, belay devices, harnesses, and helmets. Water is located some distance from the high course. You may want to bring your own.

For More Info: (253)884-9202 or www.SoundViewCamp.com



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COMPLETE THE FOLLOWING PERSONAL INFORMATION:

Name of Group: _____ Date of Event: _____
 Participant Name: _____ Are you over 18?: YES NO
 Who should be notified in case of emergency? _____
 Relationship to Participant? _____ Phone: (____) _____
 Do you have health/accident insurance? YES NO
 If yes, give name & address of company: _____

- Do you have any limiting physical disabilities or handicaps, (temporary or permanent)? NO YES
If yes, identify and explain:
- Do you have any limiting mental or neurological condition (phobias, anxiety, depression, seizures etc.)? NO YES
If yes, identify and explain:
- Are you currently taking medication(s) (prescribed or otherwise; e.g., cold medication): NO YES
If yes, state what you are taking and what it is for:
- Do you have any allergies or other medical limitations such as asthma? NO YES
If yes, please explain:
- Do you have any other condition that might affect your participation – such as cardiac, back, hernia, etc. NO YES
If yes identify and explain:

RELEASE OF LIABILITY

I have read all the information about the Sound View Challenge Course (Page 1 & 2), understand my responsibilities and will comply fully. I understand that participation may be physically and/or emotionally demanding. I affirm that my health is good and that I do not have any undisclosed condition, which bears upon my fitness to participate in these activities. I understand that injury or disability could occur during my participation. I participate of my own free choice and assume all obligations, financial and otherwise, which might result from my participation and any injury, which might occur. I release Sound View Camp, the Presbytery of Olympia, and other related agencies from all liability for any injury to me, or personal loss resulting from participation in Sound View activities.

Participant Name (Please Print) _____

Participant's Signature: _____ Date: _____

Address: _____ City: _____ St.: _____ Zip: _____

Home Telephone: (____) _____ Business Telephone: (____) _____

Parent/Guardian's Signature
(if participant is under 18 years old): _____