



Sound View Camp And Retreat Center

CHALLENGE COURSE RELEASE & LIABILITY FORM

We want you to be fully informed about our Challenge Course 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 a 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 signed 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 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, a group or individual's unwillingness to follow established safety guidelines, etc.).

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 staff 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.

Shoes:

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

Other:

Before participation, please empty your pockets of all contents including keys and wallets.

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. Please bring your own reusable water bottle in order to stay hydrated.

For questions or more information, please visit our website at www.SoundViewCamp.com

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:

1. Do you have any limiting physical disabilities or handicaps, (temporary or permanent)? YES NO

If yes, identify and explain:

2. Do you have any limiting mental or neurological condition (phobias, anxiety, depression, seizures etc.)? YES NO

If yes, identify and explain:

3. Are you currently taking medication(s) (prescribed or otherwise; e.g., cold medication)? YES NO

If yes, state what you are taking and what it is for:

4. Do you have any allergies or other medical limitations such as asthma? YES NO

If yes, please explain:

5. Do you have any other condition that might affect your participation – such as cardiac, back, hernia, etc? YES NO

If yes identify and explain:

RELEASE OF LIABILITY

I have read all the information about the Sound View Challenge Course (pages 1-4), 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: _____ State: ____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Date of Birth (if participant is under 18) _____ / _____ / _____
month day year

Parent/Guardian (if participant is under 18 years old):

Parent/Guardian Name (please print) _____

Parent/Guardian Signature: _____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Pages 3 and 4 of this document must be filled out, signed, and provided to Sound View staff in order for named participant to participate in Challenge Course activities.