



# LAKE AURORA

CHRISTIAN CAMP

237 Golden Bough Road  
Lake Wales, FL 33853  
(941) 696-1102 FAX: (941) 696-1062

## THE CHALLENGE COURSE

### Applicant Information & Release of Liability

#### Disclosure

Lake Aurora Christian Camp's Challenge Course programs involve a variety of activities that often include warm-ups, games, group initiative problems, and low ropes course elements. The level of participation in a Challenge Course program activity is at all times completely up to the individual's choice. There is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury.

Policy for participation in all Challenge Course programs requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made available to Lake Aurora Christian Camp. This information will be held in confidence. Please complete the form and return it to Lake Aurora prior to participating in any activity.

#### Applicant Information:

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Do you have health/accident insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please list the name of the company: \_\_\_\_\_
3. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, identify and explain: \_\_\_\_\_
4. Are you currently taking any medication (prescribed or otherwise)? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, state what you are taking and what condition it is for: \_\_\_\_\_
5. Do you have any allergies, reactions to medications, any other medical limitations? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, identify and explain: \_\_\_\_\_

#### Release of Liability

I understand that parts of the Challenge Course program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Challenge Course activities. I recognize the inherent risk of injury in these programs. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release Lake Aurora Christian Camp, its staff members, and Board of Trustees from all liability for any injury to me from participation in Challenge Course activities.

Date: \_\_\_\_\_ Applicant's Signature (if at least 18 years old): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City, \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Church: \_\_\_\_\_

Parent/Guardian's Signature (if under 18 years old): \_\_\_\_\_