



Windermere Baptist Conference Center ASSUMPTION OF RISK & AGREEMENT TO PARTICIPATE

In order to participate this form MUST be completed and brought to Windermere.

Background information: Project Adventure, Inc. conducted a 15 year challenge course safety study and has the following information concerning the accident rate per million hours of use: Challenge Course (15 year study), 3.67; Challenge Course (10 year study), 5.13; Physical Education Classes, 9.6; Outward Bound (outdoor recreation), 37.5; Automobile Driving, 60.0. In essence, when a challenge course is operated by trained, qualified facilitators, people participating in activities at the course are less likely to receive injuries than people participating in sports activities or a physical education class.

The Windermere Challenge Course (The Edge) was constructed by a professional Challenge Course company according to nationally recognized industry standards, is inspected annually by the same company, and is run by certified instructors. Participation is encouraged according to the "Challenge by Choice" concept.

As I wish to be accepted for participation at The Edge, and in consideration of Windermere's action in allowing me to participate in the program, I acknowledge that during my participation certain risks and dangers do exist. These include, but are not limited to, the hazards of being in a wilderness type setting, the forces of nature, other acts of God, travel by air, boat, automobile, or other conveyance, and those existing because of the content of this program (such as the hazards of depending on other people; and being at various heights ranging from ground level to 50'). In consideration of these activities and environment, I have, and do hereby assume all risks associated with participation at the Edge and will hold harmless Windermere, its directors, officers, employees, or agents for any accident which may occur while participating in a program at The Edge. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators and for all members of my family.

I fully understand that my participation in activities at The Edge involves risks of injury and my participation in any program is voluntary. I give my permission for Windermere to obtain medical attention for me in the event that is necessary.

HEALTH INFORMATION

Have you had or do you currently have any of the following conditions? (Please check all that apply):

- | | | |
|----------------------------------------------|------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> heart attack | <input type="checkbox"/> stroke | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> chest pain/pressure | <input type="checkbox"/> diabetes | <input type="checkbox"/> major surgery |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> seizures | <input type="checkbox"/> knee/ankle problems |
| <input type="checkbox"/> asthma | <input type="checkbox"/> allergies | <input type="checkbox"/> back/neck/arm problems |

Are you currently taking any medications? (Yes) (No) If yes, please list: _____

Group: _____ Date: _____

Participant's Name and Signature: _____

(Printed Name)

(Signature)

Participant's Address : _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone # _____

Witness Signature: _____

Signature of parent or guardian if participant is under 18