

Koinonia's Adventure Program Acknowledgment of Risks

The KOINONIA CONFERENCE GROUNDS Adventure Programs are designed to challenge and encourage participants to get out of their "comfort zone" and involves a variety of activities that often include games, group initiative problems and other rigorous physical adventure activities such as low and high ropes course elements.

These activities may include wearing a climbing harness, climbing, running, lifting, bending, balancing, traversing elements and cables up to 85 feet above the ground, riding down a cable on a pulley, belaying, being belayed by other participants or staff, traversing cables low to the ground, spotting participants from falling, being held several feet above the ground by other participants.

KOINONIA CONFERENCE GROUNDS states that these activities are not without risk of physical injury and emotional stress. The potential hazards of the program include debris falling from trees, falling from a high or low element, improper belay or spotting technique, swinging into trees, platforms or other objects, and equipment failure. Some of the potential injuries or losses include loss of property, sprained or broken limbs, cuts, scrapes, bruises, heart attack, stroke, stress, overexertion, sunburn, allergies, insect bites, and dehydration.

I acknowledge the risks of the activity, including, though not exclusively, those described above and understand they may cause loss of property, personal injuries and even death. My participation in these activities is purely voluntary.

Name of Participant _____ Date of Birth _____ Date of Session _____

This program is a physically active experience. We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. Some potential conditions that may affect your participation are: recent or recurring injuries, problems with your neck or back, recent medical procedures, pregnancy, diabetes, seizures, asthma, allergies, and heart conditions. Please carry emergency medication for the above conditions.

Information on this sheet is used only by our program staff to help you participate in a safe manner.

1. Is there any medical information or conditions we should know about? (If yes, please explain) _____

2. Do you have any allergies, reactions to medications, or any other medical limitations that we should know about? (If yes, identify and explain) _____
3. I certify that I am fully capable of participating in these activities. YES _____ NO _____
4. Health Insurance Carrier _____ Policy # _____

I understand that in signing this form that I am providing both a Medical and Liability Release to KOINONIA CONFERENCE GROUNDS for myself, or the minor child named above. I hereby acknowledge that during attendance at an Adventure Program session certain risks exist, which may be known or unknown at this time, and may result in physical injury. In case of a medical emergency, I hereby give permission to a KOINONIA CONFERENCE GROUNDS employee or agent, and the physician selected, to secure proper treatment, to hospitalize, order injections, anesthesia, and/or operations as may be urgently necessary. In signing this Liability Release, I assume full responsibility for mitigation of such an incident, and I am granting permission for the participation of the named guest (myself or named minor) in all activities, unless specifically noted on this form.

I agree that, in the event of dispute between myself as a guest or parent/legal guardian of, or on behalf of, the named minor, I will submit to arbitration by an organization sanctioned for this purpose, in lieu of pursuing litigation in a court of law. I further agree, to absolve and hold harmless KOINONIA CONFERENCE GROUNDS a Non-profit Corporation, its Board of Directors, agents and employees against liability for, damages, losses, or injuries to myself, my property, or the named minor. Signing this form gives Koinonia Conference Grounds, and its Adventure Program Department, rights to use video and photography of me or said minor for promotional and advertising purposes.

Participant's Signature

Date

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

Date