

**Lakeview Methodist Conference Center**  
**David Barber Challenge Course**  
**Release and Health Form**

**Disclosure**

The David Barber Challenge Course offers individuals the opportunity to participate in orientation, games, group initiatives, and low & high ropes course elements – which are all physical activities. Understanding that any physical activity involves the risk of increased heart rate, injury and/or death, I understand that my participation in the David Barber Challenge Course Program with Lakeview Methodist Conference Center is entirely voluntary and I am aware I have the right to exercise my AYE decision. Lakeview Methodist Conference Center reserves the right to deny anyone participation in the David Barber Challenge Course Program.

**Media Release**

As evidenced by my signature on the reverse side, I authorize Lakeview Methodist Conference Center to photograph or permit other persons to photograph, record, conduct media interviews and/or publish information, sounds and images obtained of me, or my minor child herein, while participating at Lakeview Methodist Conference Center. I hereby permit such images and recorded sounds to be disseminated, published or broadcast through any medium Lakeview Methodist Conference Center chooses, including, but not limited to, print, video tape, DVD, television, radio, motion pictures and/or the Internet. I agree that Lakeview Methodist Conference Center may use, reproduce and sell such information, sounds, and images for such purposes and in such manner as they may deem appropriate. I agree that Lakeview Methodist Conference Center may permit others to use such information, sounds and images for such purposes and in such manner as they may deem appropriate. I understand and agree that such dissemination, publication, or broadcast may reveal my or my child’s identity. I agree that the material may be used for any purpose by Lakeview Methodist Conference Center and its successors and assigns, harmless from and against any claim for injury or compensation resulting from the activities authorized above. This authorization has been voluntarily agreed to by me, and/or as parent and next friend of my minor child herein, and is binding on my heirs, beneficiaries and personal representatives.

**Release of Liability**

As evidenced by my signature on the reverse side, I have read and I understand the above disclosure statement. I and my family release Lakeview Methodist Conference Center, its employees, staff and other agents from any claims or liability arising out of my participation in the David Barber Challenge Course. I understand that Lakeview’s David Barber Challenge Course may be physically and/or emotionally demanding. I affirm that I have no physical or emotional limitations that might put me or others at risk during my participation in any of the activities except for the following (all such physical or emotional limitations must be listed):

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**Please note: The following information will be read by your Challenge Course facilitators ONLY and kept in strict confidence.**

Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Do you have health insurance? (please circle) **YES/NO** If so, list carrier & policy #

Do you have any limiting physical or health disabilities? (please circle) **YES/NO**

If yes, please explain:

Do any of the following symptoms or conditions apply to you? (check box if yes)

- |   |  |
|---|--|
| <input type="checkbox"/> History of diabetes, hypoglycemia, thyroid problems                  | <input type="checkbox"/> Chronic pain in the neck, back, shoulders, arms, legs, or knees |
| <input type="checkbox"/> Heart disease or heart attack  | <input type="checkbox"/> Chest pains on exertion, heart murmur, palpitations, angina     |
| <input type="checkbox"/> Recent injuries and/or surgeries                                     | <input type="checkbox"/> Any severe injury to head, chest, internal organs               |
| <input type="checkbox"/> Low or high blood pressure, stroke                                   | <input type="checkbox"/> Joint pains, swelling or stiffness without injury               |
| <input type="checkbox"/> Shortness of breath, asthma on exertion                              | <input type="checkbox"/> Broken bones, joint dislocations, serious sprains, hernia       |
| <input type="checkbox"/> Severe illness requiring hospitalization                             | <input type="checkbox"/> Episodes of depression, anxiety, hysteria                       |
| <input type="checkbox"/> Epilepsy or history of seizures, dizzy spells, fainting, convulsions | <input type="checkbox"/> Pregnant or possibly pregnant                                   |
| <input type="checkbox"/> Current medications: _____   | <input type="checkbox"/> Hemophilia, sickle – all other blood disorders                  |
| <input type="checkbox"/> History of heart disease, high blood pressure, or stroke in family   | <input type="checkbox"/> HIV/AIDS  |
| <input type="checkbox"/> Allergies and/or drug reactions: _____                               | <input type="checkbox"/> CF  |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Cancer  |

If you checked any of the above, please explain each:

List any other condition(s) we should be aware of:

Please express your opinion of your personal health:

**\*\*Signature of participant and/or parent/guardian indicates an understanding and acceptance of the release to receive medical treatment, in the event of an emergency, disclosure statement, media release and release of liability. I further acknowledge and confirm the above information is complete and accurate.\*\***

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian's Signature (if participant is under 18 years of age) \_\_\_\_\_