

Challenge Course Liability Release

Participant Name				Under 18?	Yes	No
Street						
City		State		Zip		
Phone						
Email Address						
Medical Conditions or Allergies						
Emergency Contact				Phone		

Informed Consent and Liability Release

Camp Rorie-Galloway requires that all participants sign the informed consent and liability release below indicating that they understand the potential risks. **Parents must also sign for all participants under the age of 18.**

1. Certain risks are associated with participating in the activities at Camp Rorie-Galloway including but not limited to physical injury, illness or even death. Mesquite Parks and Recreation strongly recommends that if a participant has a history of heart, back, or neck problems, is pregnant or becomes pregnant prior to participating, he/she consult a physician before participating. It is participant's responsibility to determine if he/she is physically able to participate.
2. I understand that adventure activities supervised by trained Camp Rorie-Galloway staff may include the Zip Line, Pamper Pole and other high and low ropes elements.
3. I understand the potential risk involved with outdoor activities at CRG that include but are not limited to scrapes and scratches, heat rash, sunburn, bug bites and/or stings, overheating, poison ivy, sumac and/or oak, and ticks. We highly encourage all participants to apply sunscreen and bug spray before coming out to camp each day. **Parents please examine your child at night for any questionable safety concerns.**
4. I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of my program activities are strictly voluntary; and it is my own choice to participate in each activity to whatever degree I deem appropriate after due consideration of my own physical health, physical abilities and medical condition. I am willing to assume the risk of any medical or physical condition I may have.
5. Mesquite Parks and Recreation is authorized to photograph or video participants and use their image(s) in any advertising or promotion. The City of Mesquite, its staff and volunteers are released of any liability in the event of accident, injury or aggravation of pre-existing conditions.
6. Mesquite Parks and Recreation staff is authorized to obtain any and all necessary medical and/or dental attention and/or treatment for the above named participant. All special medical problems/conditions have been listed on the registration form and MPAR staff have been advised of any such medical problems/conditions.
7. If the above named participant is a minor, he/she has permission to attend Camp Rorie-Galloway and to participate in all activities as indicated by the signature of the legal guardian. By signing below, the legal guardian agrees that all statements above will be binding upon him/her and his/her estate.

I have read and understood the above statements and by signature(s) below agree that all statements above will be binding upon the participant and the participant's legal guardian.

Signature of participant

Printed Name

Date

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Medical Questionnaire

This form is intended to remind participants, group leaders and staff of the seriousness of attempting any outdoor or adventure activity with a pre-existing medical condition or personal safety concern. Please answer each question as accurately and honestly as possible. Use additional sheet if necessary.

Name _____ Age _____ DOB _____ Sex _____

(Please explain any "Yes" answer)

1. Do you have pre-existing medical conditions? _____	No	Yes
2. Are you taking medications? _____	No	Yes
3. Do you have heart conditions? _____	No	Yes
4. Do you have high blood pressure? _____	No	Yes
5. Do you have allergies (food, insects, medicine, plants)? _____	No	Yes
6. Do you foresee any problem participating in activities due to lack of exercise? _____	No	Yes
7. Do you have a disability (physical, intellectual, emotional) that would affect your ability to participate in any activities? _____	No	Yes
8. Do you feel any pressure or coercion from anyone to participate in outdoor recreation or adventure activities? _____	No	Yes

PERMISSION TO SECURE TREATMENT

In the event of any emergency, I authorize the City of Mesquite to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first. I also give my permission for my child to be released to individuals authorized in this packet to secure treatment if I am unavailable.

Initials _____

I have honestly disclosed any medical, psychological or personal information relating to personal safety and related health. I understand that engaging in any activity on City of Mesquite's Camp Rorie-Galloway grounds is a personal choice. When involved in staff-led adventure activities, I understand that a "challenge by choice" atmosphere exists; and I choose the level at which to participate.

Signature of Participant

Printed Name

Date

Signature of Parent/guardian

Printed Name

Date