



Lutherdale
Eagle's Nest Adventure Center



MEDICAL DISCLOSURE/HEALTH FORM (Please print)

This form is required to be filled out completely and returned to prior to participation.

Name: _____ Age _____ Phone (____) _____
Address _____
City _____ State _____ ZIP _____

In case of emergency please notify:

Name _____ Relationship _____ Phone (____) _____
Physician Name & Phone _____ Medical Policy Name & Number _____
Do you wear glasses or contacts? __Yes __ No
Are you currently under a physicians care? __Yes __ No
If Yes please explain _____
Do you have any allergies? __Yes __ No
If Yes please explain _____
Are you currently taking medication? __Yes __ No
If Yes please explain _____
Do you require special assistance of any type? __Yes __ No
If Yes please _____
Have you had a recent injury, illness, or operation? __Yes __ No
If Yes please explain _____
Do you have seizures, or frequent fainting/dizziness? __Yes __ No
If Yes please explain _____
Do you have any neck, back, or shoulder injuries? __Yes __ No
If Yes please explain _____
Do you have a history of heart problems or high blood pressure? __Yes __ No
If Yes please explain _____
Media Release __Yes __ No

I hereby give Lutherdale Bible Camp, Inc. rights to use my image/audio in promotional pieces produced for Lutherdale. I realize these promotional pieces may be presented at promotional events, churches, camp functions, on Lutherdale's website and social media accounts.

X _____ Date _____
Participant's Signature (required)
X _____
Parent's Signature (if under 18 years of age)

Read and Sign

ASSUMPTION OF RISK/REGISTRATION FORM

I am aware in signing this document for participation in the Eagle's Nest Adventure Center programs that certain elements of the program can be physically and emotionally damaging. I understand that although the professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e.: cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.) due to the emotional and physical demands involved. Eagle's Nest Adventure Center program involves activities that require twisting, turning, supporting body weight, unexpected physical contact, possible falling from various heights, or equipment usage. Furthermore, I am aware that certain risks and dangers exist in these activities that are beyond the control of Lutherdale Bible Camp Inc., Eagle's Nest Adventure Center. I understand that the Lutherdale Bible Camp Inc., Eagle's Nest Adventure Center has the right to deny participation and that it is my responsibility as a participant to follow the safety standards, guidelines, and procedures established by the staff/instructors. If I do not understand specific instructions from the staff/instructor at any time, I realize it is my responsibility to ask for clarity and/or assistance. If a participant has any preexisting conditions such as heart problems, high blood pressure, chronic back pain, shoulder problem, or pregnancy it is their responsibility to inform the Lutherdale staff, and Lutherdale recommends that all individuals with such conditions acquire physicians approval prior to participation. If you choose to participate without physicians approval, Lutherdale cannot guarantee your physical safety.

In signing this document, I authorize the leader of the activities to secure such medical advice and services as deemed necessary for my health and safety and I agree to accept financial responsibility:

- * Where my health and well-being is involved
* Where medical advice has been such that further services are required
* Where all reasonable attempts to contact family have failed or where the nature of the emergency does not allow time to make contacts
* Where the benefits of my health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred

I understand and assume all dangers and risks associated with the activities and waive all claims against the Lutherdale Bible Camp Inc., Eagle's Nest Adventure Center staff and assigns, it's officers, shareholders, employees, volunteers, agents and their heirs, executors and assigns, for any incidents that should occur due to my voluntary participation in this experience. Furthermore, I give my consent to instructors or other medical personnel to treat me in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

X _____
Participant's Signature
X _____
Parent's Signature (if under 18 years of age)