

Cedar Ridge Camp Inc.
4010 ROUTT ROAD, LOUISVILLE, KENTUCKY 40299 (502) 267-5848
HIGH ROPES, LOW ROPES AND ACTIVITY
RELEASE AND INFORMATION FORM

Version 022706

PLEASE PRINT

Group/School Name: _____ Event Date: _____
Participant's Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone Number: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION IN CASE OF EMERGENCY:

Person to notify: _____
Relationship: _____ Phone: _____
Insurance Provider: _____
Policy Number: _____
Doctor's Name: _____
Phone Number: _____
Allergies: _____

Please list any disability or health problems that may affect your ability to participate in the Adventure Education Program: _____

PLEASE READ CAREFULLY AND SIGN:

The Adventure Education Program at Cedar Ridge Camp Inc. involves physically and emotionally demanding activities in an outdoor setting. It includes climbing, jumping, and other rigorous activities on natural and man made structures that are on the ground or at low, medium, and high distances from the ground. You will be working with Cedar Ridge facilitators and with others in your group. It is possible that you might be injured while participating in the program. Pregnant women, those who feel they may be pregnant or those with any health issues, should consult a physician prior to participation in the Adventure Education Program. Your facilitator will explain to you the safety factors involved in participating in the Adventure Education Program. I/We are fully aware that the Adventure Education Program at Cedar Ridge Camp Inc. includes rigorous physical activities. I/We are aware of the risks of physical injury or harm from participating in the Adventure Education Program at Cedar Ridge Camp Inc. I/We voluntarily elect to participate in the program. I/We assume the risk of injury or harm that could result from participating in this program. On my behalf, and on behalf of my personal representative and heirs, I hereby; release Cedar Ridge Camp Inc., its officers, employees, consultants, agents, directors, and Mid Kentucky Presbytery, its officers, employees, consultants, agents, and directors from all liability for any injury or harm to me from participating in the Adventure Education Program at Cedar Ridge Camp Inc., whether the injury or harm is caused by negligence or otherwise. I/We give permission for Cedar Ridge Camp Inc. to reproduce any photographs, videos, and slides, taken for publicity purposes. I/We have read and understand this release of liability. I/We voluntarily sign it. I/We give permission for Cedar Ridge Camp Inc. to administer basic first aid and to seek appropriate medical assistance for the participant listed above.

Participant's Name: _____

Signature: _____ Date: _____

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