Camp Friedlander

Element of Danger Form

(To be completed by all C.O.P.E. and Climbing and A.C.E. participants and submitted upon arrival at camp)

Element of Danger Statement: As in any physical activity, there is an element of risk during the event. I understand there are inherent risks that cannot be eliminated from these activities. I have full knowledge of the nature and extent of the risks including, but not limited to:

1. Injuries resulting from falling from a height up to 60', collision with the Tower structure, high course events, low course events, or other obstacles.
2. Injuries resulting from rope abrasion, entanglement, and other injuries that may result from activities or other persons, including but not limited to slipping, trip and fall, climbing, rappelling, belaying, lowering on a rope, rescue or emergency activities, as well as injuries, abrasions, and cuts resulting from contact with the ground, equipment, and components of the program elements.
3. Failure of the ropes, harnesses, course hardware, anchor points, or any other part of the challenge course structure or equipment. Injuries from falling participants or equipment.
4. Injuries resulting from the *negligence* of other course participants, belayers, spotters, spectators or staff members.

Certification of Fitness: All material pre-existing health conditions and physical limitations of the participant will be disclosed by the participant or the participant's parent or guardian in writing before beginning any activity. I have listed below any medical conditions which may hinder my abilities in the selected activities.

1. Do you have any limiting physical disability, or conditions (temporary or permanent)? **YES NO**

If yes, identify and explain: _____

2. Are you currently taking medication (prescribed or otherwise)? **YES NO**

If yes, identify and explain: _____

3. Please list any allergies to food, medicine, plant, animal, insect, other:_____
_____

4. Have or subject to: (Check if yes) Asthma □ Fainting Spells □ Convulsions □ Diabetes □ Angina □ Epilepsy □ Drug Reactions □ Bleeding Disorders □ Heart Trouble □ Prosthesis □

Explain any checked boxes: _____
_____

Medical Permission: This health information is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me or a physician. In the event of an emergency, I understand a reasonable attempt will be made to reach my emergency contact. If unable to reach that contact, I hereby give permission to the physician, selected by the adult leaders in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

_____ _____ _____
Participant's Signature ***Printed Name*** ***Date***

_____ _____ _____
Parent or Guardian (If under 18 years old) ***Printed Name*** ***Date***