

PHOEBE NEEDLES CENTER, INC.
High Ropes Challenge Course & Climbing Tower
Participant Informed Consent and Release Form

Full Name of Participant (print) _____ Date of Birth _____

Date of participation on High Ropes Challenge Course _____

Name of Group _____

Parent/Guardian Informed Consent and Release

A parent/guardian of participants under 18 years of age should thoroughly discuss this form with their child and complete the portion at the bottom.

In consideration of PHOEBE NEEDLES CENTER, INC. furnishing services, equipment, and leadership to enable my child to participate in the high ropes challenge course, I agree as follows:

- I understand that my child will participate of their own free will ("challenge by choice") and that my child will at no time be forced to participate in any High Ropes Challenge Course and/or the Climbing Tower activity, and
- I understand that participation in the High Ropes Challenge Course is designed for persons aged 11 and older, and
- I permit photos and video of activities that may include my child to be used in camp promotion without liability or remuneration, and
- I understand that climbing at any height may have inherent risks and that participation may involve accidents that could result in injury or death, and such hazards exist in use of climbing equipment, and
- I understand that the PHOEBE NEEDLES CENTER, INC. Ropes Course staff is fully trained and experienced in facilitation of High Ropes Challenge Course and Climbing Tower activities, that PHOEBE NEEDLES CENTER, INC. adheres to the latest and highest standards of High Ropes Course construction, facilitation, equipment, and procedures as defined by PHOEBE NEEDLES CENTER'S, INC. membership in the Association for Challenge Course Technology and the American Camp Association, that PHOEBE NEEDLES CENTER, INC. uses only approved equipment that is scrutinized for safety, and
- I hereby assume all risks and dangers and all responsibility for any losses and/or damages, and
- I understand that PHOEBE NEEDLES CENTER, INC. provides no medical insurance coverage for my child, and that I am responsible for my child's primary medical insurance coverage, and
- I indemnify and hold harmless PHOEBE NEEDLES CENTER, INC., the EPISCOPAL DIOCESE OF SOUTHWESTERN VIRGINIA, and its staff and Board of Directors from any and all liability, claims, damage, injury or illness sustained by my child, and
- I have read this waiver and release and by signing it, I agree.

Camper name (first and last) _____ Today's Date _____

Allergies (if none, so state) _____

Medical, emotional, or psychological problems (list or state none) _____

Parent/guardian printed name _____

Parent/guardian signature _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Mobile _____ E-mail _____

Completed form must be returned to lead facilitator at PHOEBE NEEDLES CENTER, INC. prior to participation.