

Philadelphia Indemnity Insurance Company One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004

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CAMP HORIZON PROGRAM RELEASE FORM

ALL GUESTS AND ALL PARENTS OR GUARDIANS OF ANY GUEST WHO IS A CHILD (UNDER 18) THAT WISHES TO PARTICIPATE IN ANY PROGRAM OR ACTIVITY MUST COMPLETE THE FOLLOWING PROGRAM RELEASE FORM REFORE GUEST OR BEFORE HIS/HER CHILD MAY BEGIN THE PROGRAM/ACTIVITY.

		Female			Age:			
Personal Information								
Participant's Name:	mog A.V.							
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canoeing, archery, low rope	es challenge	e course, high ropes cl	<u>hallenge co</u>	urse, rock	<u>Cilmbing, na</u>	ay rack nues		
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Camp Horizon
30811 Horizon Dr.
Arkansas City, KS 67005
620-442-5533
www.horizoncenter.org

HORIZON UNITED METHODIST CENTER - HEALTH STATEMENT

The proposed activity provided by Horizon United Methodist Center, Inc. requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Address City, ST, Zip Home PH SS# Work PH Name of Physician In an emergency notify Home Address City, ST, Zip Work PH Home Address City, ST, Zip Work PH Home Address City, ST, Zip Work PH HEALTH HISTORY: (Citcle the appropriate and describe any YES answers.) (NOTE: If you have had any heart-related problems, you will need to have a release from a physician in order to go through the high elements.) Have yout often feel faint or have spells of sewere dizadness? Has a doctor every told you that you have high blood pressure? Has a doctor every told you that you have high blood pressure? Has a doctor every told you that you have high blood pressure? Has a doctor every told and any operations or serious injuries (dates) Do you have arthritis joint/back problems that might be aggravated by exercise? YES NO Have you had any operations or serious injuries (dates) Takey you had any operations or serious injuries (dates) Takey on have any disabilities or chronic recurring illness or communicable diseases? YES NO Are there any activities to be limited/discouraged by physician's advice? YES NO Are you a largejic to any medicines, insects or pollen? YES NO Are you have epilepsy? YES NO Do you have epilepsy? YES NO Are you currently sick and/or using a medication that's not listed above. YES NO Are you curry family medical/hospital insurance? YES NO YES NO YES NO	Name	Birth Date		<u> </u>		
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