



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 BEFORE GUEST OR BEFORE HIS/HER CHILD MAY BEGIN THE PROGRAM/ACTIVITY.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
Personal Information		
Participant's Name:	EMAIL: _____	
Church:	_____	
Phone Number:	(Home): () -	(Cell): () -
Address:	Street	City State Zip

Program or Event Information

I agree for myself or for my child to participate in any Program or Event sponsored by Camp Horizon both on site or off site. Programs include but are not limited to: Race competitions, hiking, Zip Lines, tree climbing on rope, canoeing, archery, low ropes challenge course, high ropes challenge course, rock climbing, hay rack rides, mountain biking, gaga ball

RELEASE / DISCLAIMER

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT MAY BE SUSTAINED OR INCURRED, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY ACTIVITY, PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT CAMP HORIZON PREMISES OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD GREAT PLAINS UNITED METHODIST CAMPS, INC. DBA CAMP HORIZON, IT'S INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I am fully aware and understand that Camp Horizon does not have on or about the premises, an employ or contract with any medical services, provisions for ordinary and/or emergency medical services.

In consideration of mine or my child's participation in and the use of Camp Horizon's facilities, I hereby release and covenant not to sue the institution, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to myself or my child while participating in any program or event sponsored by GREAT PLAINS UNITED METHODIST CAMPS, INC. DBA CAMP HORIZON.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Participant's Name (print): _____ DATE: _____

Participant's Signature: _____ DATE: _____

Parent/ Guardian Name (print): _____ DATE: _____

Parent/ Guardian Signature: _____ DATE: _____

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.

Name _____	Birth Date _____
Address _____	Gender _____
City, ST, Zip _____	Age _____
Home PH _____	SS# _____
Work PH _____	Date of last exam _____
Name of Physician _____	Physician's PH _____

In an emergency notify _____	Relation _____
Home Address _____	Home PH _____
City, ST, Zip _____	
Work Address _____	Work PH _____

HEALTH HISTORY: (Circle 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 you had or do you currently have any heart problems? (dates) _____	YES	NO
Do you often feel faint or have spells of severe dizziness? _____	YES	NO
Has a doctor ever told you that you have high blood pressure? _____	YES	NO
Are you a smoker? _____	YES	NO
Do you have arthritis joint/back problems that might be aggravated by exercise? _____	YES	NO
Have you had any operations or serious injuries (date)? _____	YES	NO
Do you 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 allergic to any medicines, insects or pollen? _____	YES	NO
Do you have epilepsy? _____	YES	NO
Do you have diabetes? _____	YES	NO
Do you have any prescribed meal plan or dietary restrictions? _____	YES	NO
Are you currently sick and/or using a medication that's not listed above. _____	YES	NO
Do you carry family medical/hospital insurance? _____	YES	NO
Carrier _____ Policy # _____		
Suggestions or health-related information for Horizon personnel: _____		

General Health Statement: _____

PREPSETATION AND EMERGENCY AUTHORIZATION:

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in Challenge Course activities. I hereby give permission to the medical personnel selected by Horizon United Methodist Center, Inc. to order injections and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to changes incurred for the providing of aid and arranging evacuation if Horizon United Methodist Center, Inc. or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the cost of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

Signature of Participant _____	Date _____
Witness: _____	Date _____