



FELICIANA
RETREAT & CONFERENCE CENTER

FELICIANA RETREAT & CONFERENCE CENTER

AGREEMENT TO PARTICIPATE - ASSUMPTION OF RISK AND RELEASE

The proposed Adventure activities provided by Feliciana Retreat & Conference Center require participation in physical exercises which are, by their nature, 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.

PLEASE TYPE OR PRINT CLEARLY: Name of Participant: _____

Doctor's Name: _____ Address: _____

Date of Last Checkup: _____ City: _____ State: _____ Zip: _____

Age: _____ Gender: _____

Persons to be contacted in case of emergency:

1. _____ Phone: _____ Phone: _____

2. _____ Phone: _____ Phone: _____

Health History (Circle appropriate answer and describe any yes answers on back of form.)

- | | | |
|--|---|---|
| 1. Have you had or do you have any heart problems? | Y | N |
| 2. Do you often feel faint or have spells of severe dizziness? | Y | N |
| 3. Do you frequently suffer from pains in your chest? | Y | N |
| 4. Has a doctor ever told you that you have high blood pressure? | Y | N |
| 5. Do you have arthritis, joint or back problems that might be aggravated by exercise? | Y | N |
| 6. Have you had any operations or serious injuries? Please give dates. _____ | Y | N |
| 7. Do you have disabilities or chronic recurring illness? | Y | N |
| 8. Are there any activities to be limited or discouraged by physician's advice? | Y | N |
| 9. Are you allergic to any medicines, insects, or pollen? | Y | N |
| 10. Do you have epilepsy? | Y | N |
| 11. Do you have diabetes? | Y | N |
| 12. Are you currently sick and/or using a medication that is not listed above? | Y | N |
| 13. Please describe your current health: _____ | | |
| 14. List medications you are taking: _____ | | |

The proposed outdoor activities provided by Feliciana Retreat & Conference Center require participation in physical exercises which are by their nature 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.

I am aware that during my participation with Feliciana Retreat & Conference Center upon my request, certain risks and danger may occur. These include but are not limited to the hazards of being in the wilderness area, the forces of nature, and other reasons concerning this special environment. I have and do hereby assume all risks and will hold staff officers and trustees harmless from any liability, actions, cause of action, debts, claims and demands of every kind and nature whatsoever which I now have, or which may arise from or is connection with my participation in any activities arranged for me by Feliciana Retreat & Conference Center and its staff. The terms hereof shall serve as a **release and Assumption of Risk** for my heirs, executors, and administrators and for all members of my family.

Feliciana Retreat & Conference Center reserves the right to not allow any individual and/or group which presents itself as a liability risk to participate in this program. This is at the sole discretion of the Feliciana Retreat & Conference Center staff.

In case of an accident or illness Feliciana Retreat & Conference will attempt to provide first aid and arrange transportation to medical services, if needed.

Assumption of Risk and Release Form must be completely filled in and signed by the participant and by the parent or legal guardian (for children under the age of 18). This form must be given to Feliciana Retreat & Conference Center staff upon arrival.

NO FORMS, NO ADVENTURE ACTIVITIES!

The Health History above is correct, so far as I know, and I believe, that my health is satisfactory to participate in all scheduled activities, including: canoeing, hiking, rock climbing, and rappelling.

I, _____, the parent or guardian of _____, my child, authorize Feliciana Retreat Center and (church or organization) _____'s physician, nurse, or authorized personnel to examine, treat or administer medications for any illness or injury to my child as deemed necessary. In the event of an emergency and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including: hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care. I hereby release, indemnify and hold harmless (church) _____, and Feliciana Retreat & Conference Center, its agents, and employees, from and against any and all claims, liabilities or negligence of any such healthcare provider or of (church) _____, and Feliciana Retreat & Conference Center agents and employees.

Date: _____ Signature of Participant: _____

Date: _____ Signature: _____
(parent or guardian for those under 18 years of age)