

ROCK MOUNTAIN BIBLE CAMP
Adventure Programs
INFORMED CONSENT FORM

Form must be signed by all participants.

This form must be signed by a parent/guardian if the participant is less than 18 years old.

I/we am/are aware, in signing this document for participation in the Rock Mountain Bible Camp TEAM Initiative Course, Zip Line, and/or Adventure Trip, that certain elements of the program can be physically, mentally, socially, and emotionally demanding. I/we understand that although professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.). Furthermore, I/we am/are aware that certain risks and dangers exist in these activities that are beyond the control of Rock Mountain Bible Camp and its' staff. I/we understand that the Rock Mountain Bible Camp staff has the right to deny participation and that it is my (or my son/daughter/ward) responsibility as a participant to follow the safety standards, guidelines, and procedures established by the staff. If I/we do not understand specific instructions from the staff at any time, I/we realize that it is my (or my son/daughter/ward) responsibility to ask for clarity and/or assistance. I/we acknowledge that any type of weapons/firearms or any materials that could cause damage or personal injury are strictly prohibited from the TEAM Initiative Course, Zip Line, or Adventure Trip.

I/We am/are aware, in signing this document for participation in the Rock Mountain Bible Camp Team Initiative Course, Zip Line, and/or Adventure Trip, that I/we authorize the leader of the event to secure such medical advice and services as deemed necessary for the health & safety of myself (or my son/daughter/ward) and I agree to accept financial responsibility:

- * where the health and well-being of the applicant is involved.
- * where the medical advice has been such that further services are required.
- * where reasonable attempts to contact the parent/guardian have failed or where due to the nature of the emergency there is insufficient time to contact parent or guardian
- * where benefits of my health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

I/We understand and assume all dangers(hazards and perils) and risks associated with the Course, Zip Line, and/or Adventure Trip; and waive all claims or causes of action arising from my (or son/daughter/ward) participation in the Rock Mountain Bible Camp Team Initiative Course, Zip Line, and/or Adventure Trip; and do hereby release Rock Mountain Bible Camp from liability which I may ever have against the program, its successors and assigns, its officers, shareholders, employees, volunteers, agents and their heirs, executors and assigns. Furthermore, I give my consent to the instructors or other medical personnel to treat me (or my son daughter/ward) in a medical situation. I grant permission for my (or my son/daughter/ward's) picture to be used in camp promotional materials. My signature on this document is also intended to bind my successors, heirs, representatives, administrators, and assigns.

Name of Group _____ Date of Event _____
Participant Name _____
Parent/Guardian Name *(if participant is under 18 yrs)* _____
Address _____ City _____ State _____ Zip _____
Phone (day) _____ (evening) _____
Email _____ Gender : Male Female Birth date: _____

Signed: _____ **Date:** _____
Participant (Minors must sign)

Signed: _____ **Date:** _____
Parent or guardian (if participant is under 18 years)