

Butman Camp & Retreat Center

158 County Road 674 Merkel, TX 79536 Phone: (325) 846-4212

Fax: (325) 846-3231 Web: www.butmancamp.org E-mail: butman@butmancamp.org

Wilderness Challenge Course & "The Rock" Climbing Wall Participant Agreement/ Release Form

Participant Requirements and Agreement:

- Wear comfortable and modest clothing appropriate for physical activity.
- Wear closed-toed and closed-heeled supportive shoes. We recommend tennis shoes or light weight hiking shoes. **Do not wear sandals or flip-flops.**
- We suggest you wear sunscreen, insect repellent and a cap.
- Do not wear jewelry such as rings, watches, or hoop earrings.
- Remove items from pockets and clothing such as keys, knives, and pens.
- Alcoholic beverages, and illegal drugs are not allowed.
- Fireworks, portable radios, cell phones, and electronics are not allowed.
- Equipment and facilities care is your responsibility. No vandalism, graffiti or marking.

As a team member in the Wilderness Ropes Course, Or "The Rock Climbing Wall" I agree to:

- Listen to all instructions given by the facilitator and give the same courtesy to all team members.
- Do all I can to protect our team from physical and emotional harm.
- Create a positive and non-threatening environment treating other participants as equals.
- Encourage my team members. I will not do or say anything that could belittle or demean anyone.
- Focus my efforts on meeting team challenges.
- Give my utmost to achieve the highest success possible in each challenge I meet. I understand that participation is a challenge by choice.
- Solve problems in a positive way. I will not commit any act of violence toward anyone through words or deeds. I understand that this action could result in the termination of my Challenge Course training and that the minimum charge will be applied.

I/We the undersigned do certify that _____ (Participant Name)
will abide by the Butman Methodist Camp and Retreat Center guidelines and policies as stated in this
Participant Agreement/Release Form.

I/We agree to hold harmless the Northwest Texas Conference of the United Methodist Church, Butman Methodist Camp & Retreat Center, their trustees, staff, employees, agents, volunteers, agents for any injuries that might occur as a result of being at Butman Methodist Camp & Retreat Center or participating in any of the activities at the camp site, to include, but not necessarily limited to the ropes course, climbing wall, swimming pool, hiking trails, and recreational areas of the camp or its facilities.

I/We hereby grant permission to Butman Methodist Camp & Retreat Center to use pictures of the above named participant taken during activities at the camp for publicity purposes, in advertising materials, or for use on the camp's web site. We publish only school, organization, or group names. For your protection, we do not publish the names of individual participants.

Signature of Parent/Guardian (for participants under age 18 years) Date _____

Signature of Participant (age 18 years and older) Date _____

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Wilderness Challenge Course & "The Rock" Climbing Wall Medical Statement

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Male Female

City/State/Zip: _____

Work Phone: _____ Home/Cell Phone: _____

In case of emergency, notify: _____

Home Address: _____ Work Phone: _____

City/State/Zip: _____ Home/Cell Phone: _____

Name of Physician: _____ Phone: _____

Date of last physical examination: _____

Health History: Check the appropriate answer. Explain yes answers and list dates in the comment section.

1. Have you had or do you currently have any heart problems? List Dates. Yes No
2. Do you frequently suffer from pains in your chest? Yes No
3. Do you often feel faint or have spells of severe dizziness? Yes No
4. Has a doctor ever told you that you have high blood pressure? Yes No
5. Do you have arthritis, joint or back problems that might be aggravated by exercise? Yes No
6. Have you had any operations or serious injuries? List Dates. Yes No
7. Do you have any disabilities or chronic recurring illness? If yes, please list. Yes No
8. Are there any activities limited/discouraged by physician? Yes No
9. Do you have Epilepsy? Yes No
10. Do you have Diabetes? Yes No
11. Do you have any prescribed meal plan or dietary restrictions? Yes No
12. Are you currently sick and taking medication? List. Yes No
13. Are you allergic to any medicines, insects or pollen? If yes, please list. Yes No
14. Do you have any type of health insurance or coverage? Yes No

Insurance Provider: _____ Policy No: _____

15. List other medications you currently take. _____

Comments _____

REPRESENTATION AND EMERGENCY AUTHORIZATION

To the best of my knowledge this health history is correct. I believe that my health is satisfactory to participate in challenge course activities. I hereby give permission to the medical personnel selected by **Butman Camp and Retreat Center** to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include but not be limited to, charges incurred for the providing of aid and arranging evacuation if **Butman Camp and Retreat Center** or its agency determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs 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: _____

Signature of Parent/Guardian (if participant under 18) Date: _____