

Permission Form

MRBC (Bass Lake) Camp Rock Climbing Tower

Telephone Number: 507-893-3249 Email: marbc@juno.com

Camper Acknowledgement of Risk and Assumption of Personal Responsibility

I understand that my participation in this adventure course activity may expose me to psychological, physical, and challenging situations. I understand that although the camp has taken precautions to provide proper organization, supervision, instruction, and equipment, it is not possible to guarantee absolute safety. I understand that I share responsibility for my safety and I accept that responsibility. I waive any claim that may arise against MRBC and/or its employees as a result of my participation in the Rock Climbing Wall, except those which are the direct result of negligence of MRBC. I agree to comply with all instructions and directions of MRBC staff during my participation.

Camper Medical Statement

I recognize that challenge course activities such as the Rock Climbing Wall can be strenuous ventures requiring me to be in good physical condition. I have the following condition(s).

- | | | |
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| <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> Pulmonary Disease | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Drug Dependency/Addiction | <input type="checkbox"/> Back/Neck Injury | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Nervous/Mental Disorder | <input type="checkbox"/> Recent Injuries |
| <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Any Other Health Concern | |

If you checked any condition above, please explain: _____

I hereby certify that I do not suffer from any physical or psychological infirmities or illnesses which would affect my ability to engage in the Rock Climbing Tower activity. I have accepted responsibility for verifying my personal health and any medical history as listed above.

Required Camper Name: (Print) _____ **Date:** _____

Required Signature of Camper: _____

I agree with my son or daughter's "Acknowledgement of Risk and Assumption of Personal Responsibility and Medical Statement" as signed by them above. I consent for my son or daughter to participate in the Rock Climbing Tower Activity. I also understand that there can be no guarantee of safety against risk or unforeseen accident. I request to be contacted as soon as possible in the event of an accident and authorize the treatment of my son or daughter by a licensed medical physician in the case of any accident.

Required Parents/Guardian Signature: _____ **Date:** _____

Telephone Number: _____ **Alternate Telephone** _____