



## Flying Squirrel / Activities

### Participant Information and Liability Form

Certain health or medical information must be made known to the instructor(s) conducting the Flying Squirrel program, so they are prepared to help participants make informed choices of their level of participation. This information will be held in confidence.

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Emergency Name & Phone : \_\_\_\_\_

Do you have any limiting physical or health disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify and explain. \_\_\_\_\_

Do you have any of the following symptoms or conditions? Circle yes or no.

- |   |     |    |
|---|-----|----|
| • History of Heart Disease or Heart Attack              | Yes | No |
| • High blood pressure or history of high blood pressure | Yes | No |
| • Chest pain/pressure, Heart palpitations, heart murmur | Yes | No |
| • Have you ever had a stroke?                           | Yes | No |
| • Do you have diabetes?                                 | Yes | No |
| • Is there history of heart disease in your family?     | Yes | No |

If you circled yes to any of the above, please identify the issue and describe below.

Please describe your exercise routine and general level of fitness by checking the appropriate box.

I exercise vigorously (brisk walk or faster)

- hardly at all.
- once a week on average for twenty minutes.
- three times a week or more for an average of twenty minutes each time.
- other

Is there any other medical information about which we should know?

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### Release Form

I acknowledge that certain risk and dangers are inherent in adventure-based activities and that Grace Point Camp & Retreat Center does not guarantee accident-free participation. These risks include, but are not limited to, adverse weather such as lightening, moving water, offensive animals, poisonous plants, equipment malfunctions or misuse, and human misjudgment. I further acknowledge that participation in this activity could result in loss or damage to personal property, and/or emotional or physical injury or disability. I understand that certain safety procedures will be taken to provide protection against these risks and that each participant is responsible for following the instructions and safety rules outlined by Grace Point staff members. I release Grace Point Camp & Retreat Center, its principles and the Episcopal Diocese of East Tennessee, its Bishop, officers and employees from all liability for any injury to me or my child from participation in Grace Point activities.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for photographs or videos to be taken of me or my child to be used in the promotion of Grace Point Camp & Retreat Center.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_