



225 Woodcrest Drive, Ephrata, PA 17522
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Date:

Challenge Course Health History & Release Form

Name:	Age:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Name of Parent(s) / Guardian(s) if under 18 years of age			
Address:		Phone:	
City, St, Zip:		Work or 2nd Phone:	
If not available in an emergency, contact:			Relationship:
Phone:		Work or 2nd Phone:	
List any restrictions on physical activity, major illnesses, or injuries; and list and explain any other problems we should know about.			
(Attach additional paper if needed)			

Please list any medications being taken by the participant.

Release & Indemnity Agreement

I _____, (print name) (print Parent/Guardian name if participant is under 18 years of age) acknowledge and understand that the Challenge Course Program at Woodcrest Retreat (“Challenge Course Program”), involves a wide variety of formal and informal indoor and outdoor recreational and learning activities and that participation in the Challenge Course Program is an activity which could result in personal injury or illness to me (or “my/our child”, if participant is under 18). With full knowledge of the risks associated with my (or “my/our child’s”, if participant is under 18) participation in the Challenge Course Program, I hereby absolve, release and discharge Woodcrest Retreat, its officers, directors, members, employees and agents, and any individual directly or indirectly involved with the Challenge Course Program from any liability for injury or illness I (or “my/our child”, if participant is under 18) may suffer while participating in or as a result of the Challenge Course Program. In the event that I (or “my/our child”, if participant is under 18) should suffer an injury or illness while participating in or as a result of the Challenge Course Program, I hereby authorize and consent to any and all medical treatment which may be determined by a physician, other qualified medical personnel or the officials of the Challenge Course Program to be necessary or desirable for me (or “my/our child”, if participant is under 18) and hereby authorize the officials of the Challenge Course Program to use their discretion to have me (or “my/our child”, if participant is under 18) transported to a medical facility for such treatment.

I also authorize Woodcrest Retreat to use photographs and/or video of me (or “my/our child”, if participant is under 18) in camp publicity.

Signature of Participant (or Parent/Guardian(s) if participant is under 18 years of age):

_____ Print Name: _____ Date _____
 _____ Print Name: _____ Date _____