

Lutherdale Eagle's Nest Adventure Center



MEDICAL DISCLOSURE/HEALTH FORM (Please print)

Parent's Signature (if under 18 years of age)

Name:				_ Age	Phone ()
Address						
City In case of emergency please not	State	ZIP				
In case of emergency please not	tify:					
NamePhysician Name & Phone		Relationship	Phone (_)		
Physician Name & Phone		N	edical Policy Name &	Number		
Do you wear glasses or contacts?				Yes _	_ No	
Are you currently under a physiciar	ns care?			Yes _	_ No	
If Yes please explain						_
Do you have any allergies?				Yes _	_ No	
If Yes please explain						_
Are you currently taking medication	n?			Yes _	_ No	
If Yes please explain					_	
Do you require special assistance	of any type?			Yes _	No	
If Yes please	, ,,				_	
Have you had a recent injury, illnes	ss. or operation?			Yes _	No	
If Yes please explain						
Do you have seizures, or frequent				Yes _	No	_
If Yes please explain	ramang, aillein 1000 .				_ 110	
Do you have any neck, back, or sh	oulder injuries?			Yes _	No	_
If Yes please explain	odidor injunes:			100_	_140	
Do you have a history of heart prob	olems or high blood	nrassura?		Yes _	No	_
If Yes please explain				103_	_ 140	
Media Release				Yes _	No	_
I hereby give Lutherdale Bible Cam	an Ina riahta ta waa	my imaga/audia in pro				zo thoso
promotional pieces may be present						
Participant's Signature (required) X Parent's Signature (if under 18 years of age)				Date		
Parent's Signature (if under 18 ye	ears of age)					
Parent's Signature (if under 18 ye		Read	and Sign			
I am aware in signing this documer physically and emotionally damagir risks, not all dangers and hazards of physical demands involved. Challe unexpected physical contact, possisthese activities that are beyond the Eagle's Nest Adventure Center ha and procedures established by the responsibility to ask for clarity and/opain, shoulder problem, or pregnan conditions acquire physicians approphysical safety.	Ant for participation in ing. I understanding to can be foreseen (i.e inge course and Bublible falling from various the right to deny per staff/instructors. If lor assistance, if a pricy it is their responsional prior to participation.	Read SSUMPTION OF RISI the challenge course at that although the profe are cuts, scrapes, bruise able Soccer participation bus heights, or equipm le Bible Camp Inc., Ea articipation and that it I do not understand specificipant has any presibility to inform the Luiation. If you choose to	and Sign K/REGISTRATION FO and team building exp ssional staff will make s, fractures, debilitatin n involves activities thent usage. Furthermore gle's Nest Adventure of s my responsibility as ecific instructions from existing conditions such herdale staff, and Lutt participate without phy	DRM erience the every reading injuries near require re, I am a Center. I a participe the staff, the as head herdale respections a	nat certain eleme asonable effort to , fatalities, etc.) o e twisting, turning ware that certain understand that pant to follow the finstructor at any t problems, high ecommends that pproval, Lutherd	ents of the program can be or minimize exposure to known due to the emotional and any supporting body weight, risks and dangers exist in the Lutherdale Bible Camp Inc. safety standards, guidelines, time, I realize it is my blood pressure, chronic back all individuals with such ale cannot guarantee your
I am aware in signing this documer physically and emotionally damagir risks, not all dangers and hazards of physical demands involved. Challe unexpected physical contact, possisthese activities that are beyond the Eagle's Nest Adventure Center had and procedures established by the responsibility to ask for clarity and/opain, shoulder problem, or pregnant conditions acquire physicians appropriate the significant of the problem of the physicians appropriate the physical physicians appropriate the physical physical physicians appropriate the physical physica	Ant for participation in and I understanding to can be foreseen (i.e. ange course and Bubible falling from various control of Lutherdal is the right to deny per staff/instructors. If I or assistance. If a property it is their responsional prior to participate the leader of the abonsibility: "Il-being is involved as been such that further that further that further that for the alth insurance plans and risks associate, it's officers, sharefurther that for the action of the a	Read ASSUMPTION OF RISI The challenge course is that although the profe it cuts, scrapes, bruise oble Soccer participation bus heights, or equipmed le Bible Camp Inc., Earticipation and that it if do not understand sparticipant has any presibility to inform the Luter ation. If you choose to activities to secure such the services are requally have failed or when an have been exhaust atted with the activities includers, employees, voxperience. Furthermore	and Sign K/REGISTRATION FO and team building exp ssional staff will make s, fractures, debilitatin n involves activities the ent usage. Furthermore gle's Nest Adventure of is my responsibility as ecific instructions from existing conditions such herdale staff, and Lutt participate without phy n medical advice and so ired the the nature of the en ed and additional loss and waive all claims a fullunteers, agents and the, I give my consent the	primerience the every reading injuries near require re, I am a Center. I a participe in the staff, the as head herdale respections a services a services a mergency of incomingainst their heir o instructions.	nat certain eleme asonable effort to, fatalities, etc.) of twisting, turning ware that certain understand that pant to follow the finstructor at any transproval, Lutherd as deemed necessible and/or medical a Lutherdale Bibles, executors and ors or other medical	ents of the program can be or minimize exposure to known due to the emotional and a supporting body weight, risks and dangers exist in the Lutherdale Bible Camp Inc. safety standards, guidelines, time, I realize it is my blood pressure, chronic back all individuals with such ale cannot guarantee your essary for my health and safety me to make contacts expenses are incurred a Camp Inc., Eagle's Nest assigns, for any incidents that ical personnel to treat me in a