

**ARCHERY TAG WAIVER
MEDICAL STATEMENT**

I recognize that Archery Tag activities can be a strenuous endeavor requiring me to be in good physical condition. I hereby certify that I do not suffer from any physical infirmities or illnesses which would affect my ability to engage in Archery Tag activities and that if I am now under the treatment for any of the following, I will check the proper heading and discuss them with the Camp Wartburg instructor.

I further certify that all regular medication(s) that may affect my ability are listed in the space below and that I have not consumed any alcoholic beverages or drugs within the last 12 hours.

Check appropriate headings:

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Hearing Loss or Impairment | <input type="checkbox"/> Orthopedic Problem |
| <input type="checkbox"/> Back or Neck Injury | <input type="checkbox"/> High or Low Blood Pressure | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Cardiac or Pulmonary Condition or Disease | <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Recent Injuries |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Related Disease | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Drug Addiction or Dependency | <input type="checkbox"/> Mental Distress | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fainting Spells or Convulsions | <input type="checkbox"/> Nervous Disorder | |

Please list any medications that may affect your ability to participate below:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

ACKNOWLEDGEMENT OF RISK AND ASSUMPTION OF PERSONAL RESPONSIBILITY

I understand that during my participation in this adventure course or activity that I may be exposed to psychologically and physically stressful and challenging situations.

I understand, too, that although the program has taken precautions to provide organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. Also, I understand that I share responsibility for safety and I assume that responsibility. Further, I waive any claim that may arise against Camp Wartburg and/or Camp Wartburg's employees as a result of my participation in the program, except those which are the direct result of the gross negligence of Camp Wartburg, its affiliate, or their employees.

I have accepted responsibility for verifying my personal health and my medical history above and certify that I have no physical or psychological problems that would prohibit my participation in this program.

I further agree to comply with all instructions and directions of Camp Wartburg staff during my participation.

I (we) agree with the above stated terms and acknowledge that there can be no guarantee of safety against risk and unforeseen accident, as detailed above, and consent to the participation of the above named participant in the adventure program. In case of emergency, I understand that every effort will be made to contact parents or guardians of participants. In the event that I/they cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named herein.

Camp Wartburg reserves the right to ban a participant from taking part in the activity due to their inability to follow safety guidelines (without refund). All participants must wear close-toed shoes. Failure to do so will result in inability to participate.

Printed Name of Participant _____

Signature of Participant _____ Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian (If participant is under 18) _____ Date _____

