



Adventure Zone

Medical Statement:

I recognize that Adventure Zone 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 the Adventure Zone activities and that if I am now under the treatment for any of the following, I will circle the proper heading and discuss them with the Manitoqua Ministries course instructor:

Cardiac or Pulmonary Condition or Disease	Nervous Disorder	Diabetes
High or Low Blood Pressure	Recent Injuries	Pregnancy
Fainting Spells or Convulsions	Kidney Related Diseases	Alcoholism
Drug Addiction or Dependency	Shortness of Breath	Insect Allergies
Back or Neck Injury	Any Orthopedic Problem	Mental Distress

I further certify that I have not taken any alcoholic beverages or non-prescription drugs within the last 12 hours and the drugs I have used within the last 12 hours are _____

Acknowledgment of Risk and Assumption of Personal Responsibility:

I understand that during my participation in the Adventure Zone activity I may be exposed to physically and psychologically stressful and challenging situations.

I understand, too, that although the program has taken precautions to provide proper 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 Manitoqua Ministries and/or its employees as a result of my participation in the program, except those which are the direct result of the negligence of Manitoqua Ministries and/or its employees.

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

I agree to comply with all instructions and directions of the Manitoqua Ministries staff during my participation.

Print Name: _____ Date: _____

Signature: _____ Age: _____

I/we 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 Zone activities. I also authorize the treatment of my son or daughter by a licensed medical doctor in the event of any emergency. This authority is granted only after a reasonable effort has been made to reach me.

Parent Signature (if under 18): _____ Date: _____

Emergency Phone Number: _____