▶ It is important that each applicant (and guardian, if applicant is under 18 years of age) read this information! ◀

Complete and sign the INFORMED CONSENT AND MEDICAL HISTORY FORM. Return it to 1501 NW 24th St., Oklahoma City, OK 73106 before camp begins. Call the Camp and Retreat Ministries office at (405)530-2017 for questions.

Statement of Program

The "Challenge" Confidence Course program is a part of the larger field of adventure education. It will motivate people to venture out into unfamiliar, challenging territories of life experiences. The program has three basic goals:

- To increase the individual's level of self-confidence.
- To help participants learn to function in a group setting in a meaningful and productive way.
- To instill a feeling of fun into this challenging adventure.

The course involves each party in activities centered on a series of components or structures made with rope, steel cable and wood. Each presents a new challenge. They will walk and swing on ropes, jump a reasonable distance, support falling group members, participate as a climbing aid, and have close physical contact with other group members. Some of the components are at ground level; some are about **35 feet high** on poles (at Cross Point). If rappelling or climbing, the tower is **50 feet high** (at Cross Point). On the high components, rappelling, and climbing, each person wears safety equipment consisting of a seat harness, a safety line and helmet. Reasonable precaution to protect the participants is taken. However, unforeseen circumstances may occur for which the personnel of the campsite cannot be held responsible.

Because of these potential dangers each participant must recognize the importance of following the leader's instructions. Safety rules and procedures will be obeyed. Appropriate individual conduct is expected. **NO ONE IS ALLOWED ON THE COURSE WITHOUT SUPERVISION.**

Participation in the "Challenge" requires physical well being and mental alertness. Report on the consent form any condition that may restrict participation.

Informed Consent and Medical History

I, _____ would like to participate in the campsite's challenge course
(Applicant) (Print or type)
sponsored by the Oklahoma United Methodist Conference to be held on_____.
(Event date/s)

PRINT THE FOLLOWING INFORMATION:

1. Applicant's Name _____ Date of Birth _____/ _____ /_____
2. Address _____
3. City_____ State ____Zip _____
4. Home Phone (_____)_____ Other Phone (_____) _____
5. Person to notify in case of accident and/or injury: Name_____
   Phone Numbers: First try (_____) _____ Second try (_____) _____
   NOTE: Applicants are responsible for any medical expenses and should be covered by their own accident/illness insurance.
6. If you have any conditions that would limit your involvement in physical activities, explain: _____
   _____
7. If you are currently under physicians care, explain: _____
   _____
8. If you are currently taking any medications, prescribed or otherwise, state what you are taking and what it is for: _____
   _____
9. If you have any allergies or reactions to food, medication, plants, or animals, or have any other medical limitations, identify what they are and explain: _____
10. Do you take medication for bee stings or other allergies?_____ If so, be sure to bring it with you!
11. If you have heart murmurs, episodes of irregular heartbeat, shortness of breath, or chest pains on exertion, describe symptoms and physicians diagnosis: _____
12. If you have asthma, has the condition been stable for the past year? _____
13. If you have problems with your neck, back, arms, ankles, hips, or knees that limit your activities, describe the symptoms and limitations:
    _____

I acknowledge that I have read the Statement of Program and/or have been advised of the dangers and risks of participation in the Challenge/Confidence Course. I assume and understand all of the ordinary risks normally incidental to the nature of the program. This includes risks which are not specifically foreseeable.

I hereby release all rights or claims against the Oklahoma Conference United Methodist Camps Boards, its clinicians, agents, and all individuals assisting in facilitating these activities, from all liability of any nature, for all injuries, loss or damages suffered at, or in any way connected with, these activities. I give consent for the personnel to secure needed medical services in case of an EMERGENCY.

_____ ____ / _____ / _____
Applicant's Signature Date

_____ ____ / _____ / ____
Legal Guardian (if participant is under 18) Date

_____ ____ / _____ / ____
Facilitator's Signature Date

RETURN THIS FORM, FILLED OUT AND PROPERLY SIGNED, TO 1501 N.W. 24TH STREET, OKLAHOMA CITY, OK 73106 BEFORE CAMP BEGINS.