

First Name

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Last Name

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Part A

Age: _____

Group Name: _____

WHITE OAK CONFERENCE CENTER

HEALTH DISCLOSURE FORM

(For use with White Oak Conference Center Odyssey Challenge Course)

PLEASE READ: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with a pre-existing medical condition. This information is to be confidential.

Question

Response

- 1. Any pre-existing medical conditions? Yes No
If yes, please explain: _____
- 2. Are you currently taking any prescription or non-prescription medication? Yes No
If yes, what are they and what are they for? _____
- 3. Do you have any heart conditions? Yes No
- 4. Do you have high blood pressure? Yes No
- 5. Do you have any allergies (food, bees, insects, or medicines)? Yes No
If so, please explain: _____
- 6. Do you foresee any problems participating in the upcoming Odyssey Challenge Course activity due to a lack of physical exercise back home? Yes No
If yes, please explain: _____
- 7. Do you feel any pressure or coercion from employer or others to participate? Yes No
- 8. Do you have a disability? Yes No
If yes, please indicate the functional implications and any concerns about participation related to the disability. _____

Describe your current level of physical activity: _____

In case of emergency, contact: _____ Phone: (____) _____

Medical insurance (company and policy number): _____

PARTICIPANT—PLEASE READ AND SIGN:

I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health. I will remember that a “Challenge by Choice” atmosphere exists at all times, and I should not feel pressured to participate.

Signature: _____

Date: _____

First Name

Last Name

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Part B

ODYSSEY CHALLENGE PARTICIPANT ASSUMPTION OF RISK, RELEASE, AND AGREEMENT

In consideration of the services of White Oak Conference Center (WOCC), their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as WOCC), I hereby agree to release, indemnify, and discharge WOCC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in ropes course activities entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

Ropes course programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in ropes course activities. **The risk include, among other things, the potential for:** slips, falls and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

Furthermore, WOCC instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities, they might misjudge the weather.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless WOCC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of WOCC equipment or facilities, including any such Claims which allege negligent acts or omissions of WOCC.
4. Should WOCC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against WOCC, I agree to do so solely in the state of *South Carolina* and I further agree that the substantive law of that state shall apply in the action without regard to the conflict of law rule of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
7. I understand that I may not participate on the Belay system if I am under the age of 14.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against WOCC on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Date: _____ Phone: _____

Address: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by WOCC to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless WOCC from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____