Lake Geneva Youth Camp and Conference Center
W2655 South Street
Lake Geneva, WI 53147
(262) 248-5500

Teams Challenge Course, Climbing Wall and Zip Line
Acknowledgement of Risk and Assumption of Responsibility

Teams Challenge Course programs involve a variety of activities that often include warm ups, exercises, activities, group initiative problems, low element challenges and high element challenges like the zip line and climbing wall. Participants engage in teams challenge course activities always by their own choice, so the individual must assume the risk of injury. We do not want you to engage in activities that would be detrimental to your health or which might be opposed by your physician because of illness, injury or surgery. We ask you for the following information so we can be aware of potential problems to better help you safely enjoy your experience. Thank you for your assistance!

Participant's name: _____ Group name: _____
Gender: M or F Birth Date: ___/___/___ Age: _____ Height: _____ Weight: _____
Address: _____
_____ In case of emergency notify: _____
_____ Relationship to you: _____
Home Phone: ( )_____ Numbers for emergency contact: ( )_____
Business Phone: ( )_____ ( )_____

Please Circle:

Yes	No	Do you have health insurance? (Company) _____
Yes	No	Allergic to plants or foods? (Specify) _____
Yes	No	Allergic to medication? (Specify) _____
Yes	No	Allergic to insect bites/stings? (Do you carry medication?) _____
Yes	No	Diabetes? (Are you taking insulin) _____
Yes	No	Heart Disease? (Specify) _____
Yes	No	Epilepsy, fainting spells, seizures? (Specify) _____
Yes	No	Asthma? (Do you carry an inhaler?) _____
Yes	No	High Blood Pressure? (Do you carry medication?) _____
Yes	No	Back problems? (Specify) _____
Yes	No	Dislocations, sprains, fractures? (Specify) _____
Yes	No	Have you ever suffered from heat stroke? _____
Yes	No	Have you ever suffered from heat exhaustion? _____
Yes	No	Are you pregnant? (Which trimester?) _____
Yes	No	Are you currently under a doctor's care? _____
Yes	No	Are you taking any medication, prescription or non-prescription? _____
Yes	No	Any limitations on your activity/mobility? _____

I understand that during my participation in the Teams Challenge Course, Climbing Wall and or Zip Line, I may be exposed psychologically and physically to 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 Lake Geneva Youth Camp or its employees as a result of my participation in the activity, except those which are the direct result of the negligence of Lake Geneva Youth Camp or its employees. I accept responsibility for my personal health and verify that I have no physical or psychological problems that would prohibit my participation in the activity. I agree to comply with all instructions and directions of Lake Geneva Youth Camp staff during my participation.

Participant's Name (please print): _____ Date: _____
Participant's Signature: _____

Parent/Guardian Name (please print): _____ Date: _____
Parent/Guardian Signature: _____