

# WYM Fall Impact Registration Form

## October 22-23, 2010

Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Sex M / F Age \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Grade \_\_\_\_\_  
Custodial Parent or Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Name of WYM Church or Meeting \_\_\_\_\_

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_,  
Name of parent or guardian Name of minor

I give permission for my child to participate in all the activities at the WYM Fall Impact, unless otherwise stated below including **boating, water, challenge course and zip line activities**, and I hereby authorize WYM and their officers, agents, servants, or employees who supervise these activities to consent to medical care for my child. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and licensed surgeon. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon. I give permission for WYM to photograph and/or videotape my child for promotional purposes. **I understand that no cell phones or electronic equipment are permitted on this Fall Impact event.**  
List any activities your child is not allowed to participate in:

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

### HEALTH CARE INFORMATION

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Other doctors \_\_\_\_\_ Phone \_\_\_\_\_

Is this applicant covered by medical/hospital insurance?  YES  NO

Insurance carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Responsible Party \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_

List Current Medications and Instructions:

Any medically prescribed meal plan or dietary restrictions?

Allergies (medications, food, & insects, etc.)?

Specific activities to be discouraged or limited for medical reasons?

Registration fee: \$25

REGISTRATIONS MUST BE IN BEFORE OCT. 15TH

*Registrations will be accepted on a first come, first serve basis.*

Return this registration form and registration fee by October 15, 2010 to:

WYM office:

P.O. Box 70, Plainfield, IN 46168

**RELEASE FROM LIABILITY AND INDEMNIFICATION AGREEMENT**

Climbing Wall, Zip Line & Challenge Adventure Program – Participation Agreement

\_\_\_\_\_  
Print participant’s name

\_\_\_\_\_  
Print name of group

I and my child (collectively “I” and “my”) understand that my participation offered by the Climbing Wall, Zip Line & Challenge Adventure Program at Quaker Haven Camp (the “Program”) is based on the “Challenge by Choice” philosophy. I recognize that the Program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times, I will choose my level of participation in any activity.

I understand that climbing, ground initiatives, and other activities in the Program for which I/my child have enrolled, entails certain risks. I elect to participate in spite of these risks. I knowingly and voluntarily assume all risks involved in my participation.

In consideration of my/my child’s participation in the Program, I, for myself/my child, and my heirs, executors, administrators, successors and assigns, hereby RELEASE and forever DISCHARGE Quaker Haven Camp, and its successors, assigns, agents, independent contractors, officers, directors, staff, employees, and attorneys, both individually and in their representative capacities (collectively, the “Quaker Haven Released Parties”), from any and all claims, demands, rights of action or liabilities of whatsoever nature, whether known or unknown, which I had, now have, may have or might in the future have against the Quaker Haven Released Parties, including but not limited to, any and all claims, demands, rights of action or liabilities **based upon any NEGLIGENCE on the part of the Quaker Haven Released Parties** based upon, arising out of, or in any manner connected with my participation in the Program.

Furthermore, in consideration of my participation in the Program, I hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the Quaker Haven Released Parties from any and all claims, demands, rights of action or liabilities of whatsoever nature (including bodily or psychological injury, loss of life or personal property and attorneys’ fees) that any person had, now has, may have or might in the future have against the Quaker Haven Released Parties, including but not limited to, any and all claims, demands, rights of action or liabilities **based upon any NEGLIGENCE on the part of the Quaker Haven Released Parties** based upon, arising out of, or in any manner connected with my/my child’s participation in the Program.

**I HAVE READ THIS ENTIRE RELEASE FROM LIABILITY AND INDEMNIFICATION AGREEMENT AND HAVE SO INDICATED BY SIGNING BELOW. I UNDERSTAND THAT THERE ARE MANY DIFFERENT AND UNAVOIDABLE RISKS INVOLVED IN PARTICIPATION IN THE PROGRAM, AND I AM RELEASING THE QUAKER HAVEN RELEASED PARTIES FROM ANY AND ALL CLAIMS AND LIABILITIES (INCLUDING ATTORNEYS’ FEES) ARISING OUT OF MY PARTICIPATION IN THE PROGRAM, INCLUDING ANY AND ALL SUCH CLAIMS AND LIABILITIES BASED UPON ANY NEGLIGENCE ON THE PART OF THE QUAKER HAVEN RELEASED PARTIES.**

I FURTHER UNDERSTAND THAT I HAVE AGREED TO INDEMNIFY AND HOLD HARMLESS THE QUAKER HAVEN RELEASED PARTIES FOR ANY AND ALL CLAIMS OF ANY PERSON OR ENTITY ARISING OUT OF MY/MY CHILD’S PARTICIPATION IN THE PROGRAM, INCLUDING ANY AND ALL CLAIMS AND LIABILITIES BASED ON ANY NEGLIGENCE ON THE PART OF THE QUAKER HAVEN RELEASED PARTIES.

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me/my child during the entire period of participation in the Program.

I grant Quaker Haven Camp staff and person acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of my child or myself for use in materials they may create.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Age, if Under 18)

\_\_\_\_\_  
If participant is under 18, signature of Parent or Guardian is REQUIRED!

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip