



Health History & Authorization Form



Wesley Woods' Team Challenge Programs involve a variety of activities that often include warm-ups, exercises, group initiatives, low, & high element challenges. Participants engage in the Team Challenge activities always by their own choice, so the risk of injury must be assumed by the individual (we use "challenge by choice" activities)*. Indoor/Outdoor activities can be strenuous and often offer exercise of a different nature than some participants are used to. 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. Participants of the Team Challenge must be covered by their own health insurance. The following information is necessary so facilitators can be aware of potential problems in order to help you safely enjoy your experience. Thank you for your assistance! **Wesley Woods Team Challenge Program* follows protocols for safe facilitation, maintenance, and inspections. We are a member of the American Camp Association (ACA); the High course meets or exceeds A.C.C.T. policies.

Name _____	Group _____
Gender _____	Birth date _____
Address _____	Phone _____
City, State _____	Zip Code _____
Emergency Contact	
Name _____	Relationship _____
Home phone _____	Business Phone _____

Check and add detail to all those that apply:

- | | |
|--|--|
| <input type="checkbox"/> Allergic to plants or food? | <input type="checkbox"/> High Blood Pressure? Do you take medication? |
| <input type="checkbox"/> Allergic to medication? (Specify) | <input type="checkbox"/> Back Problems? (Specify if known) |
| <input type="checkbox"/> Allergic to insect bites/stings? Do you carry necessary medication? | <input type="checkbox"/> Dislocations/sprains/fractures? (Specify) |
| <input type="checkbox"/> Diabetes? Are you taking insulin? | <input type="checkbox"/> Have you ever suffered from heat stroke? |
| <input type="checkbox"/> Heart Disease? (Specify) | <input type="checkbox"/> Have you ever suffered from exhaustion? |
| <input type="checkbox"/> Epilepsy, fainting spells, & seizures? (Specify) | <input type="checkbox"/> Are you pregnant? What trimester? _____ |
| <input type="checkbox"/> Asthma? Do you carry medication? | <input type="checkbox"/> Are you currently under a doctor's care? (Specify) |
| | <input type="checkbox"/> Are you currently taking any medication, prescription, or non-prescription? (Specify) _____ |

Specific details: _____

Are there any limitations on your activity? (Specify): _____

I understand the aspects of the *Wesley Woods' Team Challenge* program may be physically and emotionally demanding. I affirm that the above medical information is true, I am in good health, and I am not under a physician's care for any undisclosed condition bearing upon my fitness to participate in the Team Challenge activities. I understand I will be participating in activities outside/inside in a variety of environmental conditions, which may include sun, rain, wind, snow, and in a range of temperatures. I understand there are inherent risks in the Team Challenge Course/Outdoor Educational activities and I agree to follow the directions and safety rules of my facilitators.

PARTICIPANT'S &/ GUARDIAN'S SIGNATURE(S) REQUIRED ON THE BACK OF THIS FORM

Participants must wear enclosed shoes with comfortable, all weather clothing. Can bring, but not required: water bottle, camera, and appropriate weather gear. DO NOT WEAR: flip flops, belly shirts, or dressy clothing.

Wesley Woods Camp & Retreat Center
 10896 Nixon Street, Indianola, Iowa 50125-7226
 (515)-961-4523 * Toll Free 1-866-684-7753 * Fax 515-961-4162
 WesleyWoods.camp@iaumc.org * www.WesleyWoodsIowa.org

RELEASE OF LIABILITY

Each United Methodist Camp and Retreat Center ("Camp") in the Iowa Annual Conference of the United Methodist Church offers a variety of services and voluntary activities designed to enrich the camping or retreat experience. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging and educational activities often associated with camping and the outdoors, such as hiking, boating, swimming, campfires, fishing, low and high rope courses, horseback riding, archery, rock climbing, wall climbing, tree climbing and repelling. Special camps offer special educational opportunities (e.g., a plane ride at the Air Show Camp). Both participants and staff members (including volunteers) may have the opportunity to participate in one or all of these activities.

While each Camp will endeavor to assure the safety of its participants and staff members, there are unavoidable risks of injury – and even death – associated with camping and its related services and activities. **Consequently, a properly executed Release of Liability is required before anyone may attend a Camp or Retreat as either a participant or a staff member.**

Such a Release of Liability is set forth below. If you are a prospective participant or staff member under eighteen years of age, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated "Parent or Guardian of Minor Participant or Staff Member". If you are a prospective participant or staff member eighteen years of age or older, you must print your name below and then sign and date the line designated "Adult Participant or Staff Member." You are encouraged to consult an attorney if you have any questions about the meaning of this document. If you have any questions about the services or activities provided at any Camp you should contact the Office of Camp, Conference & Retreat Ministries at 515-283-1996, ext. 146.

Person Signing:

(print neatly the appropriate name as described above, either parent or guardian of participant or staff under 18, or participant or staff 18 and older)

By signing below, I **(Print)**

acknowledge and agree to the following:

- I have read and understand the risks summarized above and acknowledge that the activities in which I may engage can be dangerous and can involve risk of serious injury or death. I also acknowledge that not all potential risks associated with all camp or retreat activities or services are listed herein but are reasonably foreseeable;
- I understand that my participation in camp activities and receipt of camp services is voluntary and I may decline to participate in any activity or service offered. I further understand that it is my obligation and responsibility to continually look out for any conditions or circumstances that may be unsafe. If at any time I feel anything to be unsafe, I will immediately notify a camp official and, if necessary, immediately leave the area or stop participating in the event which I feel may be unsafe;
- I understand that in order to participate in certain offsite camp activities I may be transported in a licensed, insured vehicle of the Iowa Annual Conference of the United Methodist Church or in some instances a privately owned vehicle;
- I understand that in the case of a medical need not requiring onsite emergency medical treatment I may be transported in a licensed, insured vehicle of the Iowa Annual Conference of the United Methodist Church or in some instances a privately owned vehicle;
- In consideration of attending a United Methodist Camp(s) as a participant or staff member, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the Iowa Annual Conference of the United Methodist Church and the United Methodist Camp(s) I attend, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims, suits or liability arising in any way from my attendance at a United Methodist Camp(s) for injury to my person or property or my death caused by the negligence of these entities and/or individuals to the fullest extent allowed by law, it being the intention of the parties for this release to be as broad and inclusive as allowed by law;
- In consideration of my child's or ward's attendance at a United Methodist Camp(s) as a participant or staff member, I, for myself and on behalf of my minor child or ward and his or her executors, administrators and heirs, give permission to my minor child or ward to participate in any of the activities offered at such camp, subject to the limits identified on the Camper Health History & Authorization Form attached hereto and release and hold the Iowa Annual Conference of the United Methodist Church and the United Methodist Camp(s) my child or ward attends, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims, suits or liability arising in any way from the child's or ward's attendance at a United Methodist Camp(s) for injury to my child or ward or his or her property or his or her death caused by the negligence of these entities and/or individuals to the fullest extent allowed by law, it being the intention of the parties for this release to be as broad and inclusive as allowed by law.

Signed:

<i>If participant or staff member is under age 18:</i>	
_____	_____
Parent/Guardian of Minor Participant or Staff Member	Date

or

<i>If participant or staff member is age 18 or older:</i>	
_____	_____
Adult Participant or Staff Member	Date

Name of Participant or Staff: (printed) _____