



ADVENTURE PROGRAM

Release of Liability and Assumption of Risk Applicant Information Form

The Salvation Army Wonderland Camp and Conference Center Adventure Program consist of high ropes, low ropes challenge course, climbing wall, climbing tower, archery, sling shot, swimming pool and lake boating. The Adventure Program involves a variety of activities that often include warm-ups, games, group initiative problems, trust experiences, low and high elements, water activities and other rigorous physical adventure activities. Participation in a Wonderland Camp and Conference Center Adventure Program and its activities is at all times an individual choice. There are risks, which must be assumed by each participant that he or she may suffer an emotional or physical injury or disability.

The Salvation Army Wonderland Camp and Conference Center Adventure Program policy requires that **every participant** have health/accident insurance coverage. Furthermore, certain health/medical information must be made known to the instructor(s) so that they are prepared to help participants make informed choices about their level of participation during a Wonderland Camp and Conference Center Adventure Program. As per the terms of agreement on all group rental contracts Wonderland Camp and Conference Center does not provide health or nursing services.

The following information will be held in confidence. Please complete the form and return it to Wonderland Camp and Conference Center Adventure Program office prior to participating in any activities.

Date(s) of Adventure Program(s): _____

Name of Group: _____

Mark the Adventure Program(s) you will be participating in:

- ☐ **High Ropes** ☐ **Low Ropes** ☐ **Climbing Wall** ☐ **Climbing Tower** ☐ **Swing**
- ☐ **Zip Line** ☐ **Archery** ☐ **Swimming** ☐ **Boating** ☐ **Sling Shot**

Program activities will take place at Wonderland Camp and Conference Center, 9241 Camp Lake Road, Camp Lake, Wisconsin, by our Wonderland Camp & Conference Center Staff, who are First-Aid/CPR & AED certified.

Release of Liability and Assumption of Risk:

I understand that parts of The Salvation Army Wonderland Camp and Conference Center Adventure Program may be very physically and emotionally demanding. I affirm that my health is good, and that I am NOT under a physician's care for any undisclosed condition that bears upon my fitness to participate in any activities presented by the Wonderland Camp and Conference Center Adventure Program. I recognize the inherent risk of bodily injury, property damage, damages, losses, and/or death that may arise from my aforementioned participating in the Wonderland Camp and Conference Center Adventure Program activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release and agree to hold harmless, The Salvation Army Wonderland Camp and Conference Center staff members, their agents, owners, officers, volunteers, partisans and the Board of Directors, from all liability for any injury or disability that may occur while participating in The Salvation Army Wonderland Camp and Conference Center Adventure Program activities.

APPLICANT INFORMATION:

1. Name: [print] _____

☐ Male ☐ Female Date of Birth ____/____/____ Height ____ Weight ____

2. Do you have any health/accident insurance? ____ No ____ Yes

If yes, name, and address of company: _____

3. Print Applicant's Address: _____

City, State, Zip: _____

Home Telephone #: _____ Other/Cell #: _____

4. Person to contact in case of emergency:

Emergency Phone #: _____

Please list any medical conditions (s) or physical disabilities that may hinder or interfere with your participation in any of the Adventure Program activities, including swimming.

I hereby give permission for the above named individual to participate in the Adventure Programs including swimming and/or boating activities. In the event of an emergency, I hereby give permission to the physician or medical facility selected by the sponsoring group or agency named above, to secure and administer treatment, including hospitalization for this individual. I have read and understand all the information on this document.

PHOTO/MEDIA CONSENT

Mark if you **DO or DO NOT** grant The Salvation Army Wonderland Camp and Conference Center the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create for marketing.

☐ I DO NOT CONSENT

☐ I DO CONSENT

SWIMMING CONSENT

To the best of my knowledge, the named participant's swimming ability can be classified as:

☐ **Beginner** ☐ **Intermediate** ☐ **Expert**

Applicants Signature (if at least 18 yrs. Old)

Date

Parent or Guardian Signature (if under 18 yrs. Old)

Date