

Activity: Timberline

Date(s): June 27 - July 3, 2010

Sponsoring Organization: Fellowship Bible Church of Northwest Arkansas

*Permission of parent is essential in order for a minor to participate. The following **MUST** be completed.*

As a parent or legal guardian to the below named applicant, I hereby give my permission to attend the above mentioned activity. I understand every precaution will be taken for his/her health and safety. However, I assume responsibility in case of illness, injury, or accident, and agree to hold Fellowship Bible Church harmless. My signature below also authorizes the Sponsors of Fellowship Bible Church to administer medical treatment or medical assistance to my child at any time, should it be necessary. Further, I give Fellowship Bible Church permission to use my child's photo/video in any of their publications or website. No information will be given out about my child to other entities outside of Fellowship.

Parent/Guardian Signature

Date

(Please Print)

Name of Participant: _____ Age: _____

Birthdate: ____/____/____ School: _____ Grade: _____ Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Parent Cell Phones: _____

Name of *Alternate Contact* in Case of Emergency: _____

Relationship: _____ Alternate Contact's Phone: _____

Medical Insurance Company: _____

Contract/Policy #: _____

<<<Please include a copy of the front and back of your insurance card>>>

Previous Surgeries: _____

Taking Medication: No _____ Yes _____, Name of Medication: _____

Asthma: No _____ Yes _____, Current Treatment: _____

Allergies: No _____ Yes _____, Current Treatment: _____

Special Needs: _____

Timberline Lodge Waiver of Liability Form

Please Read Before Signing:

The undersigned acknowledge(s) that during the said retreat that the Participant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of traveling mountainous terrain, depending on other people and being at various heights (ground to 50'), accident or illness in remote places without medical facilities, the forces of nature and travel by automobile or other conveyance. The undersigned further recognizes that these risks may also include loss of damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from the retreat experience or other type of outdoor activities, I further understand that in participating in the activities, I am requesting to participate in, I will be exposed to the effects of high altitude and the elements of nature, including temperature extremes, and inclement weather. I further understand that medical treatment may be several hours away in the event of a medical emergency.

Participant/Guest(s) acknowledges(s) that in the process of participating in the programs and activities of Timberline Ministries, Inc., and/or Timberline Lodge, LLC, there is a risk of illness or injury and acknowledge(s) that at the commencement of any physical program or activity consultation with a physician may be appropriate. Participant/guest(s) agree(s) that all participation in the programs and activities and/or use of services, equipment or facilities of Timberline Ministries, Inc. and/or Timberline Lodge, LLC is undertaken at their sole risk and that participant/guest(s) agrees(s) that Timberline Ministries, Inc. and or Timberline Lodge, LLC shall not be liable to the participant/guest(s) for any claims, demands, injuries, damages, actions, activities and or use of services, equipment or facilities of Timberline Ministries, Inc. and or Timberline Lodge, LLC and hereby expressly releases and discharges Timberline Ministries, Inc and or Timberline Lodge, LLC from all claims demands, injuries, damages, actions or causes of action and from all acts of active or passive negligence on the part of Timberline Ministries, Inc. and or Timberline Lodge, LLC and their servants, agents, employees, officers, directories and or owners.

Participant/guest (s) acknowledge that in the event that a participant leaves the designated trail or course prescribed by the staff of Timberline Lodge, and in turn gets lost or requires the services of a Search and Rescue Team, the participant/guest agrees to pay for all expenses incurred by the use of a Search and Rescue operation.

Participant/guest(s) agree(s) to abide by the rules and regulations of Timberline Ministries. Inc. and/or Timberline Lodge, LLC while on the premises and/or participating in any programs or activities of or at Timberline Ministries, Inc. and/or Timberline Lodge, LLC.

I have read the foregoing and agree to accept the terms and conditions set forth therein:

Name of Participant (Please Print): _____

_____ Date of Signature: _____
Signature of Participant OR Parent Guardian (If participant is under 18)

Names of all Family Members covered by this Waiver, if applicable;

Check-In Date: _____ Check-Out Date: _____ Group Name (If Applicable): _____

Timberline Lodge Health Statement Form

The proposed activity provided by Timberline Lodge requires participation in physical exercises, which are, by their nature, physically demanding. Many of the activities as well as being at high altitude will challenge you, which could cause surges in blood pressure and heart rates. It is imperative that you are free of medical or physical conditions that might create undue risks to yourself or any others who depend on you. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

(Please Print Neatly)

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City, St., Zip: _____ Cell Phone: _____
Birthdate: _____ Age: _____ Gender: _____ Height: _____ Weight: _____
Email Address: _____
Any food regulations or restrictions that we should know about: _____

Emergency Information:

Parent/Guardian/Spouse: _____ Home Phone: _____
Address: _____ Work Phone: _____
If not available, notify: _____ Home Phone: _____
Work Phone: _____

Health History: (circle the appropriate response and describe any yes answer)

Have you had or do you currently have any heart problems? ----- Yes No
Do you frequently suffer from pains or pressure in your chest? ----- Yes No
Do you often feel faint or have spells of dizziness? ----- Yes No
Has a doctor ever told you that you have high blood pressure? ----- Yes No
Do you have arthritis, joint or back problems that might be aggravated by exercise? ----- Yes No
Have you had any operations or serious injuries? ----- Yes No
Do you have any disabilities or chronic recurring illness? ----- Yes No
Are there any activities to be limited or discouraged by physician's advice? ----- Yes No
Are you allergic to any medicines, insects or pollen? ----- Yes No
Do you have Asthma? ----- Yes No
Do you have Epilepsy? ----- Yes No
Do you have Diabetes? ----- Yes No
Are you currently sick and/or using a medication not listed above? ----- Yes No
Do you carry family medical hospital insurance? ----- Yes No
Carrier: _____ Policy or Group #: _____
General Health Statement (i.e. Excellent, Good, Poor): _____

Emergency Authorization:

I hereby give permission to the medical personnel selected by Timberline Lodge, or its agents to order x-rays, routine tests and treatment as well as injection and/or anesthesia and/or surgery for me or my child as named above. I authorize any medical treatment deemed necessary in the event of any injury while participating in the activities at or in the company of Timberline Lodge. I further agree to assume responsibility for the costs of any specialized means of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____