

CLARK COUNTY PARKS AND RECREATION
CAMP LEE CANYON CHALLENGE COURSE
PARTICIPANT INFORMATION FORM & LIABILITY RELEASE

DISCLOSURE:

The challenge course involves a variety of activities including warm-ups, games, group initiatives, low and high course elements, and other rigorous physical activities in a wooded, outdoor, 8,500 feet altitude setting. The level of participation during each activity is completely voluntary. Highly trained staff, maintenance of state-of-the-art equipment, and strict safety standards safeguard all participants and facilitators against possible injury. As with any program of this type, there is a risk that must be assumed by each participant that he/she may suffer an emotional or physical injury or disability.

MEDICAL INFORMATION (information to be completed by parent or guardian if participant is under 18 years of age):

Please answer all information thoroughly and honestly. This information is important for your safety, and will not be used as a screening process to exclude you from the program. Certain health/medical information must be made known to the facilitator(s) conducting the program so that they will be prepared to respond appropriately if the need arises. Participant or parent (if child is under 18 years of age) will be responsible for knowing their medical condition and whether it will prohibit them from safely participating in any challenge course activities. Under certain circumstances, a medical release from your physician may be required. This information will be kept confidential unless needed in an emergency situation.

1. Participant Name (print) _____
Social Security # _____

2. Do you have health/accident insurance? ____ Yes ____ No
If yes, name if insured and what company?

Policy # _____

3. Do you have limiting physical disabilities or handicaps (temporary or permanent)?
____ Yes ____ No (If yes, identify and explain)

4. Check any of the following that have been a part of your health history (give approximate dates):

allergy reactions	_____	arthritis	_____
autism	_____	back condition	_____
balance problems	_____	bowel/bladder control	_____
development disability	_____	problems	_____
diabetes	_____	head injury	_____
heart disease/defect	_____	hemophilia	_____
lung disease	_____	mental illness	_____
mental retardation	_____	seizures	_____
stroke	_____	other: _____	_____

specify other health concerns:

5. Are you currently taking medication (prescribed or otherwise)?

_____ Yes _____ No (If yes, state what you are taking and what condition it's for.)

6. Do you have any allergic reactions to medications, insect bites or any other medical limitations? _____ Yes _____ No

7. Person to notify in case of emergency:

Name: _____

Address: _____

Phone: home - _____ work - _____ cellular - _____

pager - _____

INFORMED CONSENT:

I, _____, on behalf of myself or my minor child _____, understand that part of the Lee Canyon Challenge Course may be physically or emotionally demanding. I affirm my health is good and that I am not under a physician's care for any undisclosed condition that might endanger my health or the health of other participants.

I recognize the inherent risk of injury or disability, even death in Challenge Course activities. It is further understood that unforeseen circumstances may arise for which Clark County, Nevada shall not be held responsible.

The undersigned acknowledges that they have read the Challenge course checklist provided by Clark County Parks & Community Services, and accept full responsibility for the result of inadequate clothing or equipment and for clothing and equipment which I fail to provide.

WAIVER OF LIABILITY:

I hereby voluntarily assume and accept all personal responsibility for my or my child's behavior, and for all risk of injury, illness, disease or death, and release any rights or claims for damages and agree to indemnify, defend, and hold harmless CLARK COUNTY, its faculty, agents, and all individuals assisting in facilitating and conducting these activities, from all liability of any nature for any and all injuries, loss or damage suffered at, or in any way connected to participation in this program. This does not preclude SIIS claims from Clark County and other government employees.

My signature below will also indicate that I have been informed about the nature of Challenge Course activities, and I will participate in only those activities that are within my abilities and limitations. I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding hereafter.

EMERGENCY MEDICAL RELEASE (parents/guardian only):

In the event that I cannot be reached in an emergency, I hereby authorize Clark County personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Signed this _____ Day of _____, 20__.

Participant Signature: _____ Age _____

Witness: _____

Parent/Guardian Name (print):

Parent/Guardian Signature: (If participant is under 18 years of age)
