

JONAH MINISTRIES ACTIVITIES WAIVER

Challenge Course * Caving * Hiking * Swimming * Camping * and More

31 Little Mountain Road, Trout Lake, WA, 98650 * 509-395-2900 * 509-395-2920 fax * www.campjonah.com * jonah@campjonah.com

DISCLOSURE:

Jonah Ministries (JM) activities involve a variety of events that may present rigorous physical challenges. The level of participation in the adventure activities is at all times completely up to the individual's choice. Each participant will, however, be asked to commit to trying each activity the program offers. The risks involved in each activity must be assumed by each participant.

HEALTH HISTORY:

Medical information must be made known to the JM staff so that they are prepared to respond appropriately if the need arises. Please complete this form and return it to JM prior to participating in any activities.

RELEASE OF LIABILITY:

I understand that parts of the JM program may be physically and/or 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 physical abilities to participate in JM activities. I understand that JM has taken extensive safety measures, including the training and documentation of its staff in Adventure Activity facilitation, as well as making every effort to aid in the safety of all participants. However, I also recognize that JM cannot guarantee that the participants, equipment, grounds and /or activities will be free of accidents or injuries. I understand that each participant must assume the risk of injury and expense that could result from any of these activities. I release the property owners, JM, its staff members, and Board of Directors from liability for any injury to me from participation in the JM activities.

In the event that medical care is necessary, I (or parent/guardian) give permission to the physician selected by the JM staff to hospitalize, x-ray, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named above. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of any such injury or damage.

MEDIA RELEASE:

I give permission for Jonah Ministries to use any photo or video of me/my child for Jonah Ministries or promotional advertising. I release my rights to any kind of remuneration for said photos or videos.

PARTICIPANT OR PARENT MUST SIGN HERE:

Participant Name (Please print neatly): _____

Participant Signature (if age 18+): _____ Date: _____

Signature of parent/guardian (if participant is under age 18): _____ Date: _____