



Agreement to Participate on Leap of Faith *High Ropes Course - Assumption of Risk and Release of Liability*

By signing this release form I agree to release and hold harmless Badlands Ministries, its agents, assistants, employees, and co-sponsors (collectively "BLM") for any damages or injuries of any nature, which might incur as a result of my voluntary decision to participate in the Leap of Faith ropes course ("LOF") located on the BLM campsite. I have been informed of the elements of LOF and understand the nature of the physical and mental activities involved in participating in a high ropes course.

If I do voluntarily choose to participate on LOF, I recognize that there is a significant element of risk in my participation in a high ropes course and any related outdoor activity. Knowing the inherent risks, danger, and rigors involved in the activities associated with LOF, I hereby certify that I am fully capable of participating on LOF and any related activities.

I assume full personal responsibility for any injury, death, loss of personal property, and expenses thereof, that may result from my negligence, or other risks associated with LOF, including, but not limited to, those caused by the high ropes course, the terrain, the weather, my athletic and physical condition, and other participants.

By signing this release form, I agree that if I sustain any injury or damage of any nature as a result of my voluntary decision to participate on LOF, I will hold harmless and release BLM from liability for any loss resulting from such participation and that this release is binding on my heirs and assigns.

I acknowledge that I have been given the opportunity to ask questions regarding my participation on LOF and any aspect of this release form. By signing in the space provided below I acknowledge that I have completely read and fully understand all aspects of this release form and agree to its terms in its entirety.

I grant Badlands Ministries and the ELCA the right to use any photograph or video taken on LOF for future publications, including the website.

Print Name of Participant

Signature / Date

Print Name of Parent or Guardian
If participant is under 18

Signature / Date



Participant Health Statement

General Information

Name _____ Age _____

Group _____ Phone _____

Full Address _____

In case of Emergency notify _____ Phone _____

Health History (Circle the appropriate answer and describe any YES)

Have you had or do you have any heart problems	Yes	No
Do you frequently suffer from pains in your chest	Yes	No
Do you often feel faint or have spells of severe 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 brought on by exercise	Yes	No
Have you had any operations or serious injuries	Yes	No
Do you have any disabilities or chronic illness	Yes	No
Are there any activities to be limited/discouraged by physicians' advice	Yes	No

Please describe any YES answers from above.

In order for us to take the best care possible of our participants, is there any other medical information that our staff should know?

Insurance Information

Carrier _____ Policy Number _____

Representation and Emergency Authorization

This health history is correct to the best of my knowledge, and I believe that my health is satisfactory to participate on the Leap of Faith (LOF) high ropes course.

I authorize Badlands Ministries to take action as deemed necessary for my care, welfare, and health while on LOF. I consent to any medical treatment necessary to treat me for any accident, injury, or illness arising as a result of my participation. I understand that a copy of this form will be provided to the doctor, hospital, or other health care provider that administers the treatment and consent to its release.

Print Name of Participant

Signature / Date

Print Name of Parent / Guardian
If participant is under 18 years of age

Signature / Date