

# ROCK MOUNTAIN BIBLE CAMP INFORMED CONSENT FORM

**This form must be signed by all participants.**

**A parent/legal guardian's signature is required if the participant is a minor (under 18yrs).**

I/we am/are aware, in signing this document for participation in the Rock Mountain Bible Camp Youth Camp, TEAM Initiative Course, Zip Line, and/or Adventure Trip, that certain elements of the program can be physically, mentally, socially, and emotionally demanding. I/we understand that although professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.). Furthermore, I/we am/are aware that certain risks and dangers exist in these activities that are beyond the control of Rock Mountain Bible Camp and its' staff. I/we understand that the Rock Mountain Bible Camp staff has the right to deny participation and that it is my (or my son/daughter/ward) responsibility as a participant to follow the safety standards, guidelines, and procedures established by the staff. If I/we do not understand specific instructions from the staff at any time, I/we realize that it is my (or my son/daughter/ward) responsibility to ask for clarity and/or assistance. I/we acknowledge that any type of weapons/firearms or any materials that could cause damage or personal injury are strictly prohibited from Rock Mountain Bible Camp or Adventure Trip.

I/We am/are aware, in signing this document for participation in the Rock Mountain Bible Camp Youth Camp, Team Initiative Course, Zip Line, and/or Adventure Trip, that I/we authorize the leader of the event to secure such medical advice and services as deemed necessary for the health & safety of myself (or my son/daughter/ward) and I agree to accept financial responsibility:

- \* where the health and well-being of the applicant is involved.
- \* where the medical advice has been such that further services are required.
- \* where reasonable attempts to contact the parent/guardian have failed or where due to the nature of the emergency there is insufficient time to contact parent or guardian
- \* where benefits of my health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

I/We understand and assume all dangers(hazards and perils) and risks associated with the Youth Camp, Initiative Course, Zip Line, and/or Adventure Trip; and waive all claims or causes of action arising from my (or son/daughter/ward) participation in the Rock Mountain Bible Camp Youth Camp, Team Initiative Course, Zip Line, and/or Adventure Trip; and do hereby release Rock Mountain Bible Camp from liability which I may ever have against the program, its successors and assigns, its officers, shareholders, employees, volunteers, agents and their heirs, executors and assigns.

I/We are aware that Rock Mountain campers are expected to abide by our standards of behavior/practice that align with our beliefs on biblical sexuality. Families may stay in single units, single-gender lodging is expected for non-related guests (Men and Women in separate lodgings), public displays of affection must be appropriate and align with our beliefs on biblical sexuality and restrooms are to be used according to biological sex. For further details regarding our beliefs on biblical sexuality, please reach out to the Program Manager.

I give my consent to the Camp Nurse or other medical personnel to treat me (or my son/daughter/ward) in a medical situation. I understand that the camp provides excess medical insurance for each camper. I authorize use of photos or videos taken of me (or my son/daughter/ward's) at camp for promotional purposes. My signature on this document is also intended to bind my successors, heirs, representatives, administrators, and assigns.

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**  
**Participant (*Minors must sign*)**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**  
**Parent or guardian (*if participant is under 18 years*)**

# MEDICAL DISCLOSURE/ HEALTH HISTORY FORM

*We Require Full Disclosure of your Current Health.*

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Gender:  Male  Female

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Other Phone(\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Birth date: \_\_\_\_\_

## In Case of an Emergency, contact:

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone-day: (\_\_\_\_) \_\_\_\_\_ Phone- evening: (\_\_\_\_) \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone-day: (\_\_\_\_) \_\_\_\_\_ Phone- evening: (\_\_\_\_) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

1. Are you currently under a physicians' care?  YES  NO If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. Are you currently taking medication?  YES  NO If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Do you have allergies?  YES  NO Please List: \_\_\_\_\_  
\_\_\_\_\_
4. Do you require special assistance of any type?  YES  NO If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_
5. Have you had a recent injury, illness, or operation?  YES  NO If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_
6. Do you have diabetes, seizures, frequent fainting/dizziness?  YES  NO If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any neck, back, or shoulder pain/injury?  YES  NO If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_
8. Do you have a history of heart problems or high blood pressure?  YES  NO \*\* NO If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_
9. Which "over-the-counter" medications may the Camp Nurse dispense to you/your child if deemed necessary?  
(Headache, upset stomach, etc.) Please List: \_\_\_\_\_  
\_\_\_\_\_

**\*\*If you checked Yes to question #8, please note the following:** Participants with a history of heart problems and/or high blood pressure are at risk while participating on the Initiative Course, Zip Line and/or Adventure Trips, due to the emotional and physical demands involved. Rock Mountain Bible Camp cannot guarantee your physical safety should you choose to participate. Rock Mountain Bible Camp asks that all participants answering YES to question # 8 acquire a written approval from their physician prior to participation.

I have read the Rock Mountain Bible Camp Medical Disclosure Form and fully understand it without question. The information I provided is accurate to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant (minors must sign)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian (if Participant is under 18 years)