

Valley View Baptist Church 309 Longacre Street P. O. Box 301 Reno, Ohio 45773 Phone: 740-373-8988 Email: faithwalkcc@frontier.com www.facebook.com/faithwalkchallengecourse

Please fill out the information below.

Do You Need To Talk To Your Fac	cilitator About Any Matters, Including Medical Conditions C	Or Medications As Mentioned In
The "Medical Concerns" section	below? YES NO	
EXPLAIN		
	(PLEASE PRINT LEGIBLY)	
NAME:	AGE:	
ADDRESS:		
CITY:	STATE: ZIP:	
PHONE:	EMAIL:	
DATE OF BIRTH:		

Medical Concerns: Faith Walk Challenge Course is designed for participants of average mobility and strength who are in reasonably good health. Obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, pregnancy, arthritis, tendonitis or other joint and muscular-skeletal problems may impair the safety and well-being of participants on the Course; as may other medical, physical, psychological and psychiatric problems. All such conditions may increase the inherent risks of the experience and cause the Participant to be a danger to themselves or others. Participants with underlying medical problems that put them at greater risk of injury or illness during a Challenge Course experience must carefully consider those risks before choosing to participate and they must fully inform Challenge Course staff in writing prior to the beginning of the program. Provider reserves the right to exclude any applicant from participation for medical, safety or other reasons.

Inherent and Other Risks: Serious injuries are uncommon with Challenge Courses, but the risk of injury or death certainly exists by reason of falls, contact with other participants and fixed objects moving about or being transported on the grounds on which the Challenge Course is initiated and conducted. A number of risks are inherent to Challenge Courses. These are risks that cannot be eliminated without changing the essential nature of the experience. The emotional risks range from unwelcome or inadvertent touching, simple hurt feelings to panic and psychological trauma (such as fear of heights). The physical risks range from small scrapes and bruises to bites and stings, broken bones, sprains, neurological damage and in extraordinary cases, even death. The property on which the Challenge Course is located includes hilly, rocky and wooded terrain, potential harmful plants and animals which may bite or sting. Injuries may be a natural consequence of the Challenge Course undertaken as a result of the environmental hazards (including terrain and weather), a result of errors in judgment or failure to exercise reasonable care by staff or participants, or otherwise, and may occur in spite of the reasonable efforts of staff to prevent them.

In all cases, those inherent risks, as well as other risks of injury which are not inherent and whether or not described above, must be accepted by those who choose to participate.

In consideration of being allowed to participate in the Challenge Course activity, for myself and/or my child, I agree to release, forever indemnify, defend and hold harmless Faith Walk Challenge Course, Valley View Baptist Church, and their owners, officers, directors, volunteers, employees, affiliates, agents and assigns (hereinafter referred to collectively as "Releasees") from any and all loss or damage to me or to my child or my child's property resulting from the Releasees' Negligence.

I understand that the Releasees are not responsible for the consequences of their own Negligence, that is, their failure to use reasonable care in any way. I acknowledge that I am freely and expressly assuming and accepting any and all risks of property damage, personal injury and death in connection with my or my child's participation in this Challenge Course activity.

For me and my child, I agree to release, indemnify, defend and hold harmless the Releasees from any and all loss or damage that I, or my child, may cause to persons or property while engaged in the Challenge Course activity. This includes, but is not limited to, any and all claims for personal injury, death and/or property damage that may in any way arise out of the Challenge Course activity.

Further, I authorize anyone working at the Challenge Course activity to call for such medical care for me or my child, or to transport me or my child to the appropriate clinic or hospital, if in the opinion of anyone working at the Challenge Course, medical attention is needed for me or my child. This authorizes a licensed healthcare provider or other first-aid provider to carry out emergency medical care deemed necessary for me or my child in an emergency where normal permission is unavailable. I agree that upon transporting me or my child to any medical facility, clinic, or hospital that the responsibility of Releasees shall be complete and Releasees shall not have any further responsibility for me or my child. I agree to pay all costs associated with such medical care and related transportation for me or my child and indemnify and hold Releasees harmless from any costs incurred therein.

Further, full permission is hereby given to use any photographs or video of me or my child taken during our participation in the Challenge Course activity for any purpose in promoting Releasees.

I agree for myself and the minor that the exclusive venue of any suit against the Releasees for any reason shall be the Courts of Washington County; Ohio, consent for myself and the minor to the jurisdiction of such Courts as to any action against me or the minor to enforce this Agreement; agree that this Agreement is to be interpreted under the laws of the State of Ohio; and agree that if any part of this Agreement is found to be invalid that all other portions shall be fully enforced.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT MY SIGNATURE BELOW EXPRESSLY WAIVES ANY RIGHTS I HAVE TO BRING A CLAIM AGAINST OR SUE THE RELEASEES FOR INJURIES OR DAMAGES. I FURTHER UNDERSTAND THAT THIS IS A CONTRACT THAT LIMITS MY LEGAL RIGHTS AND THAT IT IS BINDING UPON ME, MY HEIRS AND LEGAL REPRESENTATIVES.

Signature of Participant	Participant's Printed Name	Date
that I have read the above Release of Liability and the	an signing this agreement for the above named minor, I at by signing this Release on behalf of the minor, I and billing forever discharge indomnify and held harmlage.	the minor agree to be
bound by its terms. I hereby agree to release from lial suit arising out of said minor's participation in the Ch	·	Releasees for any claim (