

Challenge Adventure Program Participation Agreement

Wonder Valley Christian Camp

7093 W Wonder Valley Rd ♦ Salem, IN 47167 ♦ Ph# 812-883-4964 ♦ Fax# 812-883-7022

Print Name of Participant

Print Name of Group

Address _____ City _____ St _____ Zip _____
Phone # _____ Email _____ Date Of Birth _____ Age _____ Gender _____

I understand that my participation in programs offered by the Challenge Adventure Program at Wonder Valley Christian Assembly, Inc. is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

I understand the facilitators of Wonder Valley Christian Assembly, Inc. have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes courses, ground initiatives, and other activities in the Challenge Adventure Program for which I and/or my child have enrolled, entails certain risks. I elect to participate in spite of these risks.

Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release Wonder Valley Christian Assembly, Inc. and its members, trustees, officers, employees, volunteers, independent contractors, and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participation in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I grant Wonder Valley Christian Assembly Inc. and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films videotapes, and sound recordings of myself or my child for use in materials they may create.

I do hereby authorize Wonder Valley Christian Assembly, Inc. in the city of Salem, county of Washington, state of Indiana to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named applicant under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America. This application is made with my approval. I agree to the above statements and will in no way hold the Wonder Valley Christian Assembly, Inc., its staff, or volunteers responsible for any accident that might befall the applicant.

X _____
Signature of Applicant Date

Must be completed below if applicant is under 18 years of age.

Father's Name _____ Father's Phone # _____

Father's Address (If Different From Applicant's) _____

City _____ St _____ Zip _____ Father's Email _____

Father's Employer _____ Work Phone # _____

Mother's Name _____ Mother's Phone # _____

Mother's Address (If Different From Applicant's) _____

City _____ St _____ Zip _____ Mother's Email _____

Mother's Employer _____ Work Phone # _____

Emergency Contact In Case

Parent Cannot Be Reached: _____ Ph# _____ Relationship To Applicant _____

Printed Name of Parent or Legal Guardian

X _____
Signature of Parent or Legal Guardian

Date