

Participant Acknowledgement of Risks

In consideration of the services of Gasper River Catholic Retreat Center, their facilities, employees, the Diocese of Owensboro in Kentucky and all other persons or entities associated with Gasper River Catholic Retreat Center (hereafter referred to as "GRCRC"), I agree as follows:

I understand that this event may include the opportunity for physical activities which may include, but is not limited to hiking, teambuilding, environmental education, folk dancing, swimming, fishing, river activities and campfires, which involve a variety of activities that often include, but is not limited to, warmups, games, group initiative problems, and low ropes course elements. Although GRCRC has taken reasonable steps to provide me with appropriate equipment and skilled facilitators so I can enjoy activities for which I may not be skilled, GRCRC has informed me that these activities are not without risks. The same elements/activities that contribute to the unique character of these activities can be causes of accidental injury, illness, or in extreme cases, permanent trauma or death, or loss or damage to my personal property. GRCRC does not want to frighten me or reduce my enthusiasm for the activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks.

I am aware that participation in activities entails risk of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks detailed herein and those inherent risks not specifically identified. My participation in these activities are purely voluntary, no one is forcing me to participate, and I elect to participate in spite of, and with full knowledge of, the inherent risks. I acknowledge that engaging in these activities may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that GRCRC staff has been and will be available to more fully explain to me the nature of the physical demands of each activity, and the inherent risks, hazards, and dangers associated with these activities.

I certify that I am fully capable of participating in these activities. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property, and expenses, as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity. I have clearly read, clearly understand, and fully accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns personal representative, and estate for all members of my family, including minor children.

Participant Signature

Date

Parent/Guardian Signature (if participant is under 18)

Date

Participant must correctly fill out all of the information on the backside of this form.

Participant information:

1. Name: _____
2. Address: _____
3. City: _____ State: _____ Zip: _____
4. Phone: Home# _____ Cell# _____ Work# _____
5. Person to notify in case of emergency:
Name: _____ Phone: _____

6. Do you have health/accidental insurance? Yes: _____ No: _____
If yes, name of company: _____
Insurance company address: _____
Policy or certificate number: _____
7. Do you have any conditions that would limit your involvement in physical activities? _____
If yes, explain: _____
8. Are you currently under a physician's care? _____
If yes, please explain: _____
9. Are you currently taking any medications, prescribed or otherwise? _____
If yes, please state what you are taking and for what condition: _____

10. Do you have any allergies, reactions to medications, or any other medical limitations? _____
If yes, identify and explain: _____
11. Do you take any medications for Bee stings or other allergies? _____ If yes, bring it with you.
12. Do you have heart murmurs, episodes of irregular heartbeat, shortness of breath or chest pain upon exertion? _____ If so, describe symptoms and physician's diagnosis: _____

13. Do you have asthma? _____ If so, has the condition been stable for the last year? _____
14. Do you have problems with your neck, back, arms, ankles or knees that limit your activities? _____
Describe symptoms and limitations: _____
15. Do you suffer from severe headaches, dizziness, or fainting? If so, describe: _____

16. For females only: Are you pregnant, or is there a chance that you may be pregnant? _____