



CAMP HENRY General Release Form

18 and over

School/Group Name _____ / Date(s) attending Camp Henry _____

Participant Name _____ / Male or Female (circle one) Birthdate _____

Address _____ / Phone Number _____

City, St, Zip _____ / E-mail _____

Emergency Contact _____ / Emergency Phone _____

Health Insurance _____ / Policy Number _____

I recognize that adventure courses/climbing can be a strenuous endeavor requiring me to be in good physical condition. I hereby certify that I do not suffer from any physical infirmities or illnesses which would affect the ability to engage in adventure activities and that if I am now under treatment for any of the following, I will circle the proper heading(s) and discuss them with the Camp Henry instructor prior to engaging in the activities:

Circle Appropriate Headings

Cardiac or Pulmonary Condition/Disease
Fainting Spells or Convulsions
Hearing Loss or Impairment
Back or Neck Injury
Any Orthopedic Problems
Recent Injuries
Other _____

Migraines
Diabetes
Shortness of Breath
Mental Distress
Asthma
High Blood Pressure

Kidney Related Diseases
Nervous Disorder
Alcoholism
Drug Addiction or Dependency
Insect Allergies
Pregnancy

- I understand that during my participation in this adventure course or activity I may be exposed to psychologically and physically stressful and challenging situations. I recognize that certain hazards and dangers are inherent in camp events and programs and particularly, but not limited to: horseback riding, swimming, boating, low ropes, high ropes courses, team courses, tower climbing, traversing wall climbing, water skiing, canoeing, fishing, hiking, bicycling and campfires.

- I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity it is impossible for the program to guarantee absolute safety. Also, I understand that I share responsibility for my safety and I assume that responsibility. I agree to comply with all instructions and directions of the Camp Henry staff during my participation. Further, I waive any claim that may arise against Camp Henry and/or its employees as a result of participation in the program, except for those which are the direct result of the gross negligence of Camp Henry or its employees, staff or volunteers.

- I have accepted responsibility for verifying my personal health and medical history on top of this sheet and I have no physical or psychological problems that would prohibit or limit my participation in this program.

- In signing this form, I give permission to Camp Henry to use photographs, videotapes, and any other media record of me participating at camp for any lawful purposes; for the release of medical information in case of illness; and I agree to assume all financial responsibility for any medical attention needed by me and otherwise not covered by my insurance.

- And I acknowledge that there can be no absolute guarantee of

safety against risk and unforeseen injury, as detailed above, and consent to the participation of the above named participant in the adventure program. I also authorize the treatment of me by licensed medical personnel in the event of any emergency.

- CAMP HENRY EQUINE LIABILITY RELEASE:** Please read the following agreement and liability release for horseback riding and or horse related activity at Camp Henry before signing: **WARNING:** Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

As a guest at Camp Henry, I, the undersigned, recognize that Camp Henry is located in a rustic setting with natural and artificial hazards (including surface and subsurface conditions). The undersigned also understands that it is the propensity of an equine to behave in ways that may result in injury, loss, or death. Equines can act unpredictably to sounds, sudden movements, unfamiliar objects, persons, or other animals. It is also understood by the undersigned that there could be a collision with another equine, animal, person, or an object while riding on Camp Henry premises.

The undersigned will be given basic riding instruction prior to riding, yet there is a potential for the participant to act or fail to act in a manner that could contribute to injury, loss, or death. I understand that by mounting a horse and by taking the reins that the rider is in primary control of the horse. The rider's safety largely depends on his/her ability to carry out simple instructions and his/her ability to remain balanced aboard the moving equine.

I/We, the undersigned, have read and do understand and agree to the foregoing agreement, warnings, waiver, and the assumption of risk. We assume the risk of injury from the above danger, and waive liability, if any, of Camp Henry/Westminster Presbyterian Church of Grand Rapids, MI and its staff and volunteers.

Participant Signature(REQUIRED)

Rider's Medical History and Physician's Statement

Participant's Name: _____ Date of Birth: _____

Primary Diagnosis: _____ Secondary Diagnosis: _____

Height: _____ Weight*: _____ Seizures? Yes or No Date of Last Seizure _____

Medications _____

Allergies _____

*For the comfort and safety of the horse and rider, a 200 lb weight limitation is in effect and is variable depending upon ambulatory status, range of motion, and the discretion of the Camp Henry Riding Staff.

Please indicate if camper has any concerns, needs or surgeries in any of the following areas. If yes, please describe.

AREA	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Learning Disability			
Developmental Disability			
Emotional Impairment			
Other			

Mobility: Independent Needs Support Crutches Walker Wheelchair

Additional Information

The following conditions, if present, may present additional precautions or contraindications to horseback riding at Camp Henry. When completing this form, please note whether the condition exists and to what degree.

	Mild	Moderate	Severe	Notes?
Orthopedic				
Spinal Fusion				
Spinal Instability/ abnormality				
Scoliosis				
Kyphosis				
Lordosis				
Hip Subluxation or dislocation				
Osteoporosis				
Pathologic Fractures				
Coxas Arthrosis				
Heterotopic Ossification				
Osteogenesis				

Imperfecta				
Cranial Deficits				
Spinal Orthoses				
Internal Spinal Stabilization Devices				
Neurologic				
Hydrocephalus/shunt				
Spina Bifida				
Tethered Cord				
Chiari II Malformation				
Paralysis				
Medical/Surgical				
Cancer				
Poor Endurance				
Recent Surgery				
Diabetes				
Peripheral Vascular Disease				
Varicose Veins				
Hemophilia				
Hypertension				
Low muscle tone				
Serious heart conditions				
Stroke				

ONLY FOR THOSE WITH DOWN SYNDROME:

Cervical X-ray for Atlantoaxial Instability: Positive Negative X-ray date: _____

A medical examination with special reference to neurological function DID or DID NOT reveal atlantoaxial instability focal neurologic disorder or any symptoms of atlantoaxial instability.

Physician's Signature: _____

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that Camp Henry will weigh the medical information provided against existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech Psychologist, etc.) in the implementing of an effective equestrian program.

Physician's Name (Print) _____
Physician's Signature _____
Address _____ City/State/Zip _____
Phone _____ Date _____