

**Mt. Cross Ministries**

Office Phone: 831-336-5179

Physical Address: 7795 Hwy 9 Ben Lomond, CA 95005

Mailing Address: P.O. Box 387 Felton, CA 95018

**Acknowledgment of Risks**

Adventure and challenge course programs involve a variety of activities that often include warm-ups, games, group initiatives, and other rigorous physical individual challenges. Mount Cross has worked hard to provide me the proper equipment, trained facilitators, and the necessary basic skills to be successful, but I understand that even with all the precautions being taken, these activities are not without risk. Certain risks cannot be eliminated without destroying the unique character of the activities. I am aware that my participation in activities may cause damage to my equipment, accidental injury, illness, or in extreme cases permanent injury or death.

I accept full responsibility for the inherent risk identified herein and those risks not fully identified. My participation is fully voluntary, no one is forcing me to participate, and I elect to participate with full knowledge of the risks involved.

I acknowledge that engaging in these activities may involve a degree of skill and knowledge, and that as a participant it is my responsibility to pay attention and ask questions, to be sure that I clearly understand everything I must know to ensure my own safety and the safety of others.

I certify that I am fully capable of participating in all adventure and/or challenge course activities. Therefore, I assume full responsibility for myself and my actions. I will not hold Mount Cross or any staff member responsible for bodily injury, death, or loss/damage to any personal property as a result of my participation in the course. I certify that I am twelve (12) years or older on or before the date of participation in high-ropes activities.

**All adventure and challenge course activities are "challenge by choice", meaning you may opt out of any of them, although we prefer you try!**

I have carefully read, and clearly understand and accept the terms and conditions of this agreement. I acknowledge this agreement as effective and binding between myself and my heirs and Mount Cross.

\_\_\_\_\_  
Participant's full name (please print)

\_\_\_\_\_  
Group Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (If participant is under 18)

\_\_\_\_\_  
Date

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**Medical Release Form**

Participants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone (\_\_\_\_) \_\_\_\_\_

**Please fill out the following questions about the participant's medical history to the best of your knowledge. It is important that Mt. Cross Ropes Course Staff have this information to understand the limitations of the group.**

Does the participant

Currently taking any medication, prescribed or otherwise? Yes \_\_\_\_\_ No \_\_\_\_\_

What medications? \_\_\_\_\_

Have allergic reactions to any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

What medications and reactions? \_\_\_\_\_

Have a history of heart or respiratory problems? Yes \_\_\_\_\_ No \_\_\_\_\_

What types of problems? \_\_\_\_\_

Experience epileptic seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

How often? \_\_\_\_\_ Medication? \_\_\_\_\_

Suffer from headaches, dizziness or fainting? Yes \_\_\_\_\_ No \_\_\_\_\_

Have any back, neck, arm, shoulder, ankle or knee injury that would

limit participation in physical activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any other information that our staff should be aware of for emergency situations. Any medical information that has not been already stated, or mental conditions that could effect participation (such as pregnancy, extreme fear of heights, etc..)

\_\_\_\_\_  
\_\_\_\_\_

**Photographs may be taken during the activities, and may be used for future promotional use, and I hereby authorize the use of my photo for use by Mount Cross.**

**I have filled out this medical release form to the best of my knowledge and hereby authorize the Mount Cross staff or it's representatives to authorize medical attention for me (or my son or daughter) including, but not limited to x-rays, injection, anesthesia, or surgery, in the event of an emergency. I understand that every effort will be made to maintain my safety/the safety of my child. Each participant is responsible for any medical expense and should be covered by their own sickness and accident insurance.**

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(or Guardian Signature)