



Community Challenge Course Form

Your course event date: _____

Name of your organization: _____

Each participant, and guardian if under 18, must read the statement of program, fill out medical history, sign the informed consent and return to your group leader before your event date.

Statement of Program

The Community Challenge Course at Birchwood Camp is designed to help groups build community on common ground. The goals of the course are: to increase mutual support within the group; to facilitate commitment to and growth in the Christian faith (if group desires); to enhance involvement with the natural world; to increase the participants' sense of personal confidence; and to have fun.

The course involves activities centered around a series of elements or structures made with steel cable, wood, and rope. Each presents a different challenge. Participants will walk on cables and narrow boards, swing on ropes, work as a group to physically carry or support other participants, and have close physical contact with other group members. Certain risks are inherent in the course. These risks may include loss or damage to personal property, physical or psychological damage and/or injury, not excluding fatality, due to accidents which may occur. Course participants will also be exposed to the elements of nature including temperature extremes and inclement weather.

Reasonable precautions to protect participants is taken. Each participant must recognize the importance of following the facilitator's instructions. Safety rules and procedures will be obeyed. Appropriate individual conduct is expected. No one is allowed on the course without supervision. Participation in the challenge course is completely VOLUNTARY. Participants take full responsibility for the decision to participate or to not participate. Participation in the challenge course requires physical well being and mental alertness. Please report on the medical history any condition that may restrict participation.

During course use, participants will not wear dangly jewelry, watches, or excessively baggy clothing. Participants will wear long pants, closed toe shoes, and tie backs for long hair. Be prepared for being outside—have appropriate clothing for the weather, bug repellent, etc.

Any questions about the program can be directed to your group leader or
Birchwood Camp, PO Box 670049, Chugiak AK 99567, Phone and Fax (907) 688-2734

Medical History

Participant Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Parents/Guardians of minor: _____

Phone numbers: First try _____ Second try _____

Emergency contact: _____

Phone numbers: First try _____ Second try _____

Medical History continued on other side

Medical History

Note: Persons are responsible for any medical expenses and should be covered by own accident/illness insurance.

Please indicate yes or no for each question and explain yes answers below.

1. **Y N** Do you have any conditions that would limit your involvement in physical activities?

Explain: _____

2. **Y N** Are you currently under a physician's care?

Explain: _____

3. **Y N** Are you currently taking any medications, prescribed or otherwise?

What are you taking and what is it for? _____

4. **Y N** Do you have any allergies or reactions to plants, animals, food, or medication?

Please identify and explain. _____

5. **Y N** Do you take medication for bee stings or other allergies? If so, be sure to bring it with you!

6. **Y N** Do you have heart murmurs, episodes of irregular heartbeat, shortness of breath, or chest pains on exertion?

Describe symptoms and physician's diagnosis. _____

7. **Y N** Do you have asthma? **Y N** Has it been stable in the last year?

8. **Y N** Do you have problems with your neck, back, arms, ankles, hips, or knees that limit your activities?

Please describe symptoms and limitations. _____

9. **Y N** Do you suffer from sever headaches, dizziness or fainting?

Please describe. _____

10. **Y N FEMALES**, Are you currently pregnant?

Informed Consent

I acknowledge that I have read the statement of program and am advised of the dangers and risks of participation in Birchwood Camp's Community Challenge Course. I assume and understand all of the ordinary risks normally incidental to the nature of the program. This includes risks which are not specifically foreseeable.

This medical history is correct as far as I know and I believe that the participant's health is satisfactory to participate in Challenge Course activities.

I give consent for Birchwood Camp personnel to secure needed medical services in case of an emergency.

_____ Participant's Signature	_____ Date
_____ Legal Guardian (if participant is under 18)	_____ Date