



PROGRAM ACTIVITY RELEASE AND INFORMED CONSENT

The undersigned ("the Participant") hereby acknowledges that I will voluntarily participate in the Teambuilding, Outdoor Education, or Challenge Course portion of the program.

Teambuilding, Outdoor Education, and Challenge Course

I am aware that the activities of Teambuilding, Outdoor Education, and the Challenge Course will necessarily involve participation in exercises which by their nature may be considered inherently dangerous and physically demanding and may subject the Participant to stress, anxiety, and other hazards, not all of which can be foreseen. It is fully understood that the Participant may be climbing and walking on cables, logs, ladders, walls, and beams. The Participant may participate in activities, which may be at substantial heights above the ground. Additionally, the participant may be participating in activities that require hiking across undeveloped steep terrain some distance from emergency services, and physically interacting with plants and animals in the forest, grassland, and waterways of New Life Ranch.

Prior to my participation in any of the above activities, I will be advised of the rules and requirements governing my participation. I agree to accept and abide by those rules and requirements.

I agree that if at any time I believe the activities are beyond the scope of my capabilities, I will immediately so notify the staff/employees and withdraw from participation.

I am aware that New Life Ranch is a Christian organization and that spiritual applications will be made during experiential learning activities.

In consideration of being allowed to participate in the above Program Activities, I hereby waive, release, discharge forever and covenant not to sue New Life Ranch, as well as its staff, board of directors, or employees from all liability of any nature for any and all injuries, loss, death, claim or damage I may suffer due to my own negligence. [OR: resulting from, arising out of, or in connection with my use of New Life Ranch's programs, its facilities, equipment or apparatuses.] This release is binding on my heirs, personal representatives and assigns.

NOTICE REGARDING IMPACT OF MEDICAL OR PHYSICAL CONDITIONS

Please read and check your response to each question. All information will be kept confidential. We only need to know this information for your safety.

1. Do you have a healing fracture or joint injury? Yes No

2. Do you have any abdominal organ enlargement? Yes No
Enlarged spleen may occur as the result of mononucleosis or enlarged liver from a condition such as hepatitis.

3. Do you have insect allergies? Yes No
You should have an Epi-pen or other self treatment if you are susceptible.

4. Are you pregnant? Yes No

5. Have you had an organ transplant? Yes No

6. Do you have asthma? Yes No
You should bring your medication with you to the program.

Be aware that, as in any physical activity, your heart rate can increase due to participation. If you are aware of a personal heart history, we request you self-monitor or withdraw from activity that may overstress you. The above information accurately reflects my current state of health.

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SELF-GUIDE FOR DETERMINING PARTICIPATION ON ROPES ACTIVITIES

Limiting your participation in the physical group activities does not exclude you from being an active participant in the process. There are several other roles you can fulfill if you are unable to fully participate in the physical activities. Your facilitator can help you discover those opportunities.

If a positive response is given to the question:

1. (Healing Fracture or joint injury) It is suggested that you check with your doctor if in doubt about the activity.
2. (Organ enlargement) You may not wear a harness, but may participate in all other activities.
3. (Insect allergies) Have the kit to administer appropriate medication with you on the course. You must have received instruction on how to administer the injection properly.
4. (Pregnancy) You will be excluded from all activity where you might fall, or get a shock load to the body. May not participate where a harness is required. Must not be involved in heavy lifting.
5. (Organ transplant) You may not participate where a harness is required.
6. (Asthma) Be aware of your own well being.

As in any physical activity, be alert to discomfort, light headedness or other indications of a possible cardiac incident. Make an intelligent decision early for yourself about your level of participation.

**By my signature below, I certify that I have read and understand the contents of this Informed Consent
AND
have not taken any medication and have no known physical or medical condition that would impair my
capability for full participation in the Team Event;
OR
assume responsibility for any potential adverse impact any condition or
medication may have upon my full participation in the Program Activities.**

I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS BOTH A RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF NOTICE AND HAVE SIGNED IT OF MY OWN FREE WILL. I ALSO GIVE PERMISSION FOR NEW LIFE RANCH TO USE IMAGES AND RECORDINGS OF THE PARTICIPANT WITHOUT FURTHER COMPENSATION.

Please Print Name _____

Participant Signature _____ Date _____

Witness/Parent Signature _____ Date _____

Parent signature required for participants under the age of 18 years old.