

Geneva Hills Release For Facilitated Activities Including Hikes, Boats, Initiatives, and High Ropes Course

Participant Name: _____ Date of Birth ___/___/_____
Address: _____ Phone: () _____ - _____

I am aware in signing this statement for participation in the Facilitated activities of Geneva Hills that certain activities are physically demanding. Therefore, physical fitness will increase the enjoyment and ability to participate in the activity. If, for any reason, I question my ability to participate in the activity, I will consult with the instructor prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which I might encounter include: slipping or falling on trails, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures, or other injuries. Injuries could include a serious physical injury or even death.

I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the out-of-doors. Knowing the inherent risks, danger, and rigors involved in the activities, I verify that my family and I, including any minor children, are fully capable of participating in the activities.

I accept full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of my family and release and waive any and all claims, demands, and causes of action which I or any member of my family may have against Geneva Hills of the Geneva Hills Group, Inc., Burns & Associates, Ltd., their members, representatives, agents, or employees, for any bodily injury, including death however caused, resulting from or arising out of or in any way connected with facilitated activities. I additionally covenant not to cause any action at law or in equity to be brought or permit such to be brought in my behalf or on behalf of the individual named above and agree to save, indemnify and hold harmless and defend at my sole expense Geneva Hills of the Geneva Hills Group, Inc., and Burns & Associates, Ltd. from any claim, demand and cause of action which might be asserted against either of them or any employee or agent of their arising out of or by reason of said facilitated and related activity. I further affirm that I understand that, even under the safest conditions possible, participation in any part of facilitated activities may be hazardous and assume the risk of any and all loss or injury relating from or arising out of or in any way connected with the same for myself, all members of my family, and specifically on behalf of the individual named above. I understand that Geneva Hills and the Geneva Hills Group, Inc., and Burns & Associates, Ltd. are relying on this release in allowing me to participate in any and all facilitated activities.

Signed: _____ Date: _____
Participant Signature

Signed: _____ Date: _____
Parent or Guardian if under 18

Emergency Medical Information:

Complete this section or attach Emergency Medical Form submitted to your Group Leader.

No/ Yes

Allergies to foods, drugs, insect bites/stings, dust, etc. Please identify which and nature of reaction

1. Physical disabilities or condition that might limit your participation.
2. If you are presently taking any medication, Please identify.

Information on insurance carrier for Participant:

Name of provider: _____

Provider address: _____

Provider Phone Number: _____

Member Number: _____

Complete Part I or Part II only:

Part I: (To grant consent for a child under 18 years of age) Purpose: To enable parents and legal guardians to authorize the provision of emergency treatment for children who become ill or injured while under the care and authority of Geneva Hills Center when parents or guardians cannot be reached.

In the event that reasonable attempts to contact me at (Phone Number): _____

Or other parent or guardian at (name and Phone number) _____ at _____ have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by:

Preferred Physician name _____ at Phone _____

Preferred Dentist _____ at Phone _____

Or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and

2. The transfer of the child to (Preferred hospital) _____ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed practitioners concur with the necessity for such surgery and are obtained prior to the performance of the surgery.

Facts concerning the child's medical history and conditions to which a physician should be alerted.

_____ Signature of Parent or Legal guardian	_____ Phone number	_____ Date
_____ Address of parent or legal guardian	_____ City	_____ State
Street		Zip

Part II (Complete only if Part I was not completed):

I do not give my consent for emergency medical treatment of my child. In the event of an injury of illness requiring emergency treatment, I wish Geneva Hills Center to take no action or to :

_____ Signature of Parent or Legal guardian	_____ Phone number	_____ Date
_____ Address of parent or legal guardian	_____ City	_____ State
Street		Zip