



**Extreme Adventures at Hidden Bluff  
Agreement to Participate  
Assumption of Risk and release of Liability  
Please Read Before Signing**

Whereas the Undersigned (the "Applicant") wishes to be accepted for participation in the Extreme Adventure Challenge Course at Hidden Bluff to be organized by Hidden Bluff Ministries of Ozark, MO, located in Christian County, a non-profit organization: and in consideration of Hidden Bluff Ministries action in allowing the applicant to participate in such program: \_\_\_\_\_ **Applicant Initial**

The undersigned acknowledge(s) that during the said participation of the Extreme Adventure Challenge Course that the Applicant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of traveling in wooded terrain, depending on other people and being various heights (ground to 40 ft.), accident of illness in remote places without medical facilities, the forces of nature, and travel by bus, automobile, wagon or other conveyance. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting in from this challenge course experience or other type of outdoor activities. I further understand that in participating in the activities that I am requesting to participate in, I will be exposed to the effects or the elements of nature, including but not limited to temperature extremes, inclement weather, mosquitoes and ticks. I further understand that medical treatment may be at least an hour away in the event of a medical emergency. \_\_\_\_\_ **Applicant Initial**

I certify that I am completely healthy (both physically and emotionally) and capable of participating in the Extreme Adventure Challenge Course activity. I have listed on the Health Statement Form any medical condition that Extreme Adventures and Hidden Bluff Ministries should be aware of which may hinder my participation. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate on the challenge course. I understand that participation in this program requires extraordinary physical and mental exertion.** \_\_\_\_\_ **Applicant Initial**

In consideration of, and as part payment for the right to participate in such a program and the services provided for me by Hidden Bluff Ministries, its Directors, Officers, Employees, Agents and/or Associates, Counselors, Representatives, and the heirs, executors and administrators, successors and assigns. I have and do hereby assume all of the above risks and any other ordinary and/or extraordinary risk incidental to the nature of the program which are not specifically foreseeable, and will hold them harmless from any and all liability, action, causes of action, debt, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my program or participation in any other activities arranged for me by Hidden Bluff Ministries, including but not limited to its Directors, Officers, Employees, Agents and/or Associates, Counselors, Representatives, and the heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue Hidden Bluff Ministries and if I do I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against Hidden Bluff Ministries. I also state that I am not under, and will not be under the influence on any chemical substance including but not limited to alcohol. I fully understand that my participation in the Extreme Adventure program is entirely VOLUNTARY. I enter this activity and take full responsibility for my decision to participate or not participate and agree to follow all safety instruction. **Further, I warrant that I am at least 18 years of age and understand if I have any doubt or concern about my physical and/or mental condition to participate in the Extreme Adventure Challenge Course that I should consult my physician prior to engaging in the above activities.** \_\_\_\_\_ **Applicant Initial**

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Signature of Participant (18 yrs. And older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (If under 18 yrs. Old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**I give permission for my photograph, videos, and any statements to be used in any fashion by Hidden Bluff Ministries D.B.A School to the Nations, in its sole discretion, including but not limited to, publications, videos, social media, and websites. \_\_\_\_\_ yes \_\_\_\_\_ no**

## Extreme Adventures at Hidden Bluff Statement

The proposed activity provided by Extreme Adventure at Hidden Bluff requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and heart rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risk to themselves or any others who depend upon them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Gender \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Age \_\_\_\_\_  
 Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_ S.S. # \_\_\_\_\_  
 Name of Physician \_\_\_\_\_ Last Exam \_\_\_\_\_  
 In case of emergency notify \_\_\_\_\_  
 Home address \_\_\_\_\_ City State, Zip \_\_\_\_\_  
 Telephone Home \_\_\_\_\_ Work \_\_\_\_\_

**Health History** (circle the appropriate answer and describe any YES answers)

Have you had or do you currently have any heart problems (dates)? \_\_\_\_\_ YES NO  
 Do you frequently suffer from pains in your chest? \_\_\_\_\_ YES NO  
 Do you often feel faint or have spells of severe dizziness? \_\_\_\_\_ YES NO  
 Has a doctor ever told you that have high blood pressure? \_\_\_\_\_ YES NO  
 Are you currently taking any blood pressure medicine? \_\_\_\_\_ YES NO  
 Are you a smoker? \_\_\_\_\_ YES NO

**(NOTE: If you have had any heart related problems you will need to have a release from a physician in order to participate on the Extreme Adventure Challenge Course)**

Do you have arthritis, joint or back problems that might be aggravated by exercise? \_\_\_\_\_ YES NO  
 \_\_\_\_\_  
 Have you had any operations or serious injuries (dates)? \_\_\_\_\_ YES NO  
 \_\_\_\_\_  
 Do you have any disabilities or chronic recurring illness? \_\_\_\_\_ YES NO  
 \_\_\_\_\_  
 Are the any activities restricted/limited/discouraged by physicians advice? \_\_\_\_\_ YES NO  
 \_\_\_\_\_  
 Are you allergic to any medicines, insects, or pollen? \_\_\_\_\_ YES NO  
 \_\_\_\_\_  
 Do you have Epilepsy? \_\_\_\_\_ YES NO  
 Do you have Diabetes? \_\_\_\_\_ YES NO  
 Do you have any prescribed meal plan or dietary restrictions? \_\_\_\_\_ YES NO  
 Are you currently sick and/or using a medicine not listed above? \_\_\_\_\_ YES NO  
 \_\_\_\_\_  
 Do you carry family medical/hospital insurance? \_\_\_\_\_ YES NO  
 Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
 Suggestions or health related information for Extreme Adventure and Hidden Bluff personal \_\_\_\_\_  
 \_\_\_\_\_

General Health Statement \_\_\_\_\_

**REPRESENTATION AND EMERGENCY AUTHORIZATION**

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course activities. I hereby give my permission to the medical personal selected by Extreme Adventure and Hidden Bluff Ministries to order injections, and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if Extreme Adventures and/or Hidden Bluff determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the cost of any specialized means of evacuation and of any medical care and acknowledge that these costs are the responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 (if participant is under 18 years of age)

Witness \_\_\_\_\_ Date \_\_\_\_\_