



Adventure Program Release and Waiver

304 Pocono Plateau Road
CRESCO, PA 18326
Phone: (570) 676-3665

"Experiencing the Gospel of Jesus Christ through recreation, challenge, and reflection."

Please initial each item to indicate that you have read, understood, and agree to the section.

____ I understand, agree, and appreciate that Pocono Plateau's Adventure Programs involve a variety of activities that often include warm-ups, games, group initiatives, low and high challenge course elements, climbing challenges, zip line, and other rigorous physical activities (hereafter referred to as "Adventure Programs"). The ropes courses, zip line, leap of faith, and flying squirrel use a series of cables and/or ropes stretched between trees that provide different challenges for the participant in the form of low and high elements. All high elements require the use of a harness and belay system. The climbing tower is a four-sided wall with simulated rock climbing challenges that also requires a harness and belay system.

____ I voluntarily and freely agree to engage in these activities. The degree and extent of participation remains my choice, based on what I can comfortably and willingly risk. I understand that a philosophy of "Challenge By Choice" has been adopted by Pocono Plateau to ensure my complete control of my own level of participation. However, it is up to me to inform the group of my choice, and tell the group if I perceive pressure to participate. Yet, there is a risk, both known and unknown, which must be assumed by me, that I may suffer serious emotional or physical injury or disability, or even death.

____ It is herewith acknowledged and agreed that by my participation in the Adventure Programs administered and run by Pocono Plateau that I understand that such activity is inherently dangerous, regardless of safety precautions to reduce the risk, and that **I have voluntarily and knowingly assumed any and all risks**, both known and unknown, including that I may suffer serious emotional or physical injury or disability, or even death, as a result thereof, and that I assume full responsibility for my participation. In the event that I observe any unusual or significant hazards during my presence or participation, I will immediately notify the nearest official and remove myself from participation in this activity.

____ I have read the Medical Information Form on the reverse side which lists risks specific to medical conditions that may warrant a limitation in participation. I understand that the form is not exhaustive and that underlying conditions may be exacerbated by participation in Pocono Plateau programs. I have contacted Pocono Plateau staff to make them aware of my necessary limitations or concerns regarding my participation, if any. I understand that Pocono Plateau staff is not medically trained and while they may suggest limitations and/or deny participation that these actions are not based on medical expertise.

____ In accordance therewith, in consideration of my participation in the Adventure Programs, I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby **release and hold harmless** Pocono Plateau Camp And Retreat Center as well as its respective officers, officials, agents, employees and/or volunteers, and any other participants (hereafter referred to collectively as the "Releasees") with respect to any and all injury, disability, death and/or loss or damage to person or property.

I have carefully read this release of liability and wrote my initials on the indicated lines, wherein I have also assumed the risk of my participation in this program, fully understanding its terms, and understanding that by virtue thereof I am giving up substantial rights by signing it, and do herewith sign it voluntarily and without inducement.

Participant's Printed Name

Date: _____

Signature of Participant

FOR PARTICIPANTS OF MINOR AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do herewith consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in the Adventure Programs.

Parent/Guardian Printed Name

Emergency Telephone Number

Signature of Participant Parent/Guardian Printed Name

Date: _____



Adventure Program Medical Information Form

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This form is intended to be purely informational. It is not designed to collect medical information or medical histories of participants; rather it exists to provide guidance for participation. Pocono Plateau staff are not medical professionals and are not trained to help participants make decisions about participation related to existing or previous medical conditions. If you have concerns about your participation, you are encouraged to seek advice from a licensed physician who is aware of your previous and current health condition.

Physical requirements of our courses compared to other common activities: For most of the time, you will be undertaking activity which is best described as moderate exertion. This is comparable to normal walking, golfing on foot, downhill skiing, raking leaves, fishing, calisthenics, or slow dancing. There will be some situations on the course where you may be engaged in vigorous exertion. This is comparable to slow jogging, tennis, swimming, cross-country skiing, shoveling snow, fast biking, softball, ice hockey drills or climbing a ladder.

Are you younger than 18 years of age or are you legally dependent?

If YES, you must have your legal guardian sign the Release Waiver in order to participate in any Pocono Plateau Adventure Challenge program. If you are 18 years of age or older, you must sign this Release Waiver yourself to participate.

Do you require an inhaler for Asthma attacks?

If YES, it is your responsibility to make sure that your prescribed inhaler is readily available during the program.

Are you allergic to bee stings or other insect bites?

If YES, it is your responsibility to make sure that your prescribed medication or shot(s) are readily available during the program.

Do you have diabetes?

If YES, it is your responsibility to make sure that you have food or prescribed medication readily available during the program.

Do you have a history of seizures?

If YES, do you want an ambulance called if you experience a seizure while participating in this program? Please let Pocono Plateau staff know your preference prior to participation.

Do you have a history of heart problems or high blood pressure?

If YES, you are at risk if you participate physically in this program. There is historical evidence that some individuals with pre-existing heart conditions have suffered heart attacks and death after participating in challenge course/climbing programs. You should consult your physician prior to attending the program.

Are you pregnant?

If YES, you and your unborn child are at risk if you participate physically in this program. Unintentional impacts to your abdomen can occur during many of the activities that involve physical contact. If climbing is a part of your program, you will be required to wear a harness that puts pressure on your abdominal area and back. You should consult your physician prior to attending. Pocono Plateau staff will not knowingly allow a pregnant female to wear a harness and/or participate as a climber.

Are you recovering from broken bones, dislocated joints, sprains, strains, back or neck injuries?

If YES, you are risking re-injury if you participate physically in this program. You should consult your physician prior to attending to identify limitations.

Do you have an enlarged organ due to illness (ex. Mononucleosis), disability (Down Syndrome) or recent transplant?

You are risking injury to weakened areas of your body. You should consult your physician prior to attending the program.

If you have concerns about your participation, please contact your physician and please make Pocono Plateau aware by calling 570-676-3665.