

**Archdiocese of Newark
Office of Youth and Young Adult Ministry
Challenge Course**

A Program for Team Building, Spiritual Growth, and Leadership

**PARTICIPANT INFORMATION, RELEASE OF LIABILITY AND
ASSUMPTION OF RISK FORM**

COMPLETE AND SIGN BOTH SIDES

Bring on the scheduled day of the program. ALL participants must have a **signed** form.

Participant Information

Name _____ Age _____
Street Address _____
City, State, Zip _____
Telephone (home) _____ (work) _____

Disclosure

The Office of Youth and Young Adult Ministry Challenge Course involves a variety of activities that often include warm-ups, games, group initiative problems and low ropes course elements, and other rigorous physical adventure activities. The level of participation in a OYYM Challenge activity is at all times completely up to the individual's choice. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an injury/illness.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I am fully aware the OYYM Challenge Course that I am choosing to participate in may be physically or emotionally demanding. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the OYYM Challenge Course. I voluntarily elect to participate in the program and to assume the risk of injury or harm that could result from participation. I release the Archdiocese of Newark Office of Youth and Young Adult Ministry, the sponsoring parish or affiliated organization, and its staff members, and the Archdiocesan Youth Retreat Center from all liability for any injury, harm, or damage from participating in the OYYM Challenge Course. This release is binding upon my heirs, executors, and assigns. I have read and understand this release of liability. I voluntarily sign it.

Photo/Media Release

I, _____, grant The OYYM Challenge Course and persons acting for or through them the right to use, reproduce, assign, and/or distribute photographs, films, video tapes, and sound recordings of me for use in materials they may create.

PARTICIPANT SIGNATURE _____

PARENTAL SIGNATURE if under 18 years of age _____

MEDICAL INFORMATION

Policy for participation in all OYYM Challenge Course requires that every participant has health/accident insurance coverage or waives the requirement of having insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence.

1. Does participant have health/accident insurance? YES NO

Insurance company _____ Policy No. _____

Primary physician _____ Phone _____

2. Do you have any allergies, reactions to medications, or any other medical limitations?

YES NO

If yes, identify and explain:

3. Are you currently taking medication (prescribed or otherwise, i.e., cold medicine)?

YES NO

If yes, state what you are taking and the condition for which you are taking it:

4. Do you have any limiting physical disabilities or handicaps (temporary or permanent)?

YES NO

If yes, identify and explain:

Authorization to Treat a Minor: (Must be completed for all persons under 18 years of age.)

I (We) the undersigned parent(s) or legal guardian of _____ a minor, do hereby authorize and consent to any medical diagnosis rendered under the general or special supervision of any member of the medical staff or emergency room staff licensed under the any acute general hospital holding a current license to operate a hospital from the State of New Jersey. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is give to provide authority and power to render care which the aforementioned physician in the exercise of their best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment of the patient.

This consent shall remain in effect through (date)

_____.

Signature of Father,

Mother, or Legal
Guardian _____

Date _____