Globe Creek Camp

Camp location: 37 Mile Elliott Highway
Camp Office: 3127 Moose Mountain Rd, Fbks, AK 99709
Phone: 907-687-5060 or 907-370-3131 Web: www.globecreekcamp.com
Email: camp@globecreekcamp.com

Zip Line Adult Participant Permission (18 years or older)

Participant Acknowledgement of Risk and Assumption of Personal Responsibility

Read and Initial the Following:

_____I understand that my participation in this zip line activity may expose me to psychological, physical, and challenging situations.

_____I understand that although the camp has taken precautions to provide proper organization, supervision, instruction, and equipment it is not possible to guarantee absolute safety.

_____I understand that I share responsibility for my safety and I accept that responsibility.

_____I wave any claim that may arise against Globe Creek Camp and/or its employees as a result of my participation in the zip line.

_____I agree to comply with all instructions and directions of Globe Creek Camp staff during my participation.

_____I hereby grant GCC full permission to use any photographs or video of me taken during my participation.

_____I AM NOT UNDER THE INFLUENCE OF DRUGS OR ALCOHOL.

Medical Statement

I recognize that Zip Lines can be strenuous ventures requiring good physical condition.

I have the following condition(s). Check all that apply.

[ ] Cardiac Disease
[ ] Orthopedic Problems
[ ] Diabetes
[ ] Nervous/Mental Disorder
[ ] Pregnancy
[ ] High/Low Blood Pressure
[ ] Insect Allergies
[ ] Kidney Disease
[ ] Fainting Spells
[ ] Recent Injuries
[ ] Convulsions
[ ] Pulmonary Disease
[ ] Back/Neck Injury
[ ] Hearing Impairment
[ ] Any Other Health Concern_____

If you checked any condition above, please explain: _____

I HEREBY CERTIFY THAT I DO NOT SUFFER FROM ANY PHYSICAL OR PSYCHOLOGICAL INFIRMITIES OR ILLNESSES, WHICH WOULD AFFECT MY ABILITY TO ENGAGE IN THE ZIP LINE ACTIVITY. I HAVE ACCEPTED RESPONSIBILITY FOR VERIFYING MY PERSONAL HEALTH AND ANY MEDICAL HISTORY AS LISTED ABOVE. I HAVE CONSENTED VOLUNTARILY TO PARTICIPATE IN THE ZIP LINE ACTIVITY.

I ALSO UNDERSTAND THAT THERE CAN BE NO GUARANTEE OF SAFETY AGAINST RISK OR UNFORESEEN ACCIDENT. I AUTHORIZE ANYONE WORKING AT THE GLOBE CREEK CAMP ACTIVITY TO CALL FOR SUCH MEDICAL CARE FOR ME, OR TO TRANSPORT ME TO THE APPROPRIATE CLINIC OR HOSPITAL, IF IN THE OPINION OF ANYONE WORKING AT THE FACILITIES, MEDICAL ATTENTION IS NEEDED FOR ME. THIS AUTHORIZES A LICENSED HEALTH CARE PROVIDER OR OTHER FIRST-AID PROVIDER TO CARRY OUT EMERGENCY MEDICAL CARE DEEMED NECESSARY FOR ME IN AN EMERGENCY WHERE NORMAL PERMISSION IS UNAVAILABLE.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT MY SIGNATURE BELOW EXPRESSLY WAIVES ANY RIGHTS I HAVE TO BRING A CLAIM AGAINST OR SUE THE INDEMNITEES OR ANY OF THEM FOR PERSONAL INJURIES, DEATH OR PROPERTY DAMAGES. I FURTHER UNDERSTAND THAT THIS IS A CONTRACT THAT LIMITS MY LEGAL RIGHTS AND THAT IT IS BINDING UPON ME, MY HEIRS AND LEGAL REPRESENTATIVES.

Signature of Participant_____

Printed Name_____Date_____

Email Address:_____