

Globe Creek Camp

Camp location: 37 Mile Elliott Highway
Camp Office: 1141 Acorn Circle, North Pole Alaska 99705
Phone: (907) 888-8090 or 888-5709 Web: globecreekcamp.com
Email: info@globecreekcamp.com

Minor Participant Permission Form - Under 18 Years Of Age

Participant Acknowledgement of Risk and Assumption of Personal Responsibility

Parent or Guardian 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 hereby grant GCC full permission to use any photographs or video of my minor child taken during their participation at GCC to use for promotional purposes.
- _____ I agree to comply with all the instructions of Globe Creek Camp staff during my participation.

Medical Statement

My child and I recognize that zip lines can be strenuous ventures requiring good physical condition.

My child has the following condition(s). Check all that apply to participant.

- | | | |
|---|--|--|
| <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Pulmonary Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Back/Neck Injury |
| <input type="checkbox"/> Nervous/Mental Disorder | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Recent Injuries |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Pregnancy | |
| <input type="checkbox"/> Any Other Health Concern _____ | | |

If you checked any condition above, please explain: _____

I hereby certify that my child does not suffer from any physical or psychological infirmities or illnesses, which would affect his/her ability to engage in the zip line activity. I have accepted responsibility for verifying my child's personal health and any medical history as listed above.

I agree with my son or daughter's "Acknowledgement of Risk and Assumption of Personal Responsibility and Medical Statement". I also understand that there can be no guarantee of safety against risk or unforeseen accident. I request to be contacted as soon as possible in the event of an accident. I authorize the treatment of my son or daughter by a licensed medical physician in the case of any accident.

Please Print Clearly

Emergency contact name: _____

Emergency contact phone number: _____

Child Name: _____ Age _____ Male _____ Female _____ Height _____

Child Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____