

# 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: [globecreekcamp.com](http://globecreekcamp.com)  
Email: [camp@globecreekcamp.com](mailto:camp@globecreekcamp.com)

## Zip Line 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: \_\_\_\_\_

Email Address: \_\_\_\_\_