GREEN LAKE CONFERENCE CENTER

Experiential Systems, Inc.

PARTICIPANT AGREEMENT and MEDICAL RELEASE FORM

Participant & Parent Guardian Name / / / /	
(Please print) Initial below to indicate that you have read, understood, and agree to the section following your initials. Representatives should initial on behalf of participating Minors after discussing each section with them, and the Parent/Guardian/Legal Representative agree to each section.	
I state that I am not now under the influence of any chemical substance including alcoholomble the influence of any substance when participating in the challenge course program. I recourse/Climbing Structure/Adventure Based Activities while under the influence of a substance myself. I am aware that I might be photographed and/or videotaped during my participation, and and/or videotapes to be used by Green Lake Conference Center in training and/or promotional future. I understand that my name will not be used and/or published in any way, and that I will the use of such photographs and/or videotapes. I give my consent to Green Lake Conference Center employees and to emergency medit they deem it to be medically necessary. I authorize Green Lake Conference Center staff to and services as they feel necessary for my health or well-being. I give permission for emerge that might be necessary due to an illness or injury occurring during my participation. I agree to accept financial responsibility for any medical expenses and/or loss of income Policy that occurs as a result of my participation in the challenge course program.	ealize participating in Challenge ce would endanger others and dauthorize such photographs al materials at any point in the ll not receive compensation for cical personnel to treat me if a secure such medical advice ency anesthesia and/or surgery
RELEASE OF LIABILITY I understand that Challenge Course/Climbing/Adventure Based activities are, by their nemotionally demanding, and that participating in the challenge course program may involve twisting, pulling, lifting, running, jumping, climbing, swinging, increased heart or breath rates a others. I understand that although the Green Lake Conference Center staff will make exminimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. curdislocations, fatalities, etc.). I am aware that certain risks and dangers exist in the activities the Green Lake Conference Center and their employees. I understand that I have the right and participation in any activity that I believe will compromise my safety, and agree to notify	risks such as walking, bending, and/or physical contact with very reasonable effort to ts, bruises, scrapes, fractures, nat are beyond the control of d the responsibility to limit my
Center employee if I have safety concerns. Green Lake Conference Center practices the "Ch philosophy. This means, if I choose to physically participate in any of the activities, I voluntari with such participation. I understand that Green Lake Conference Center staff has the right to deny my participate responsibility as a Participant to follow the instructions, guidelines and procedures established If, at any time, I do not understand or have not heard specific instructions given by the Facilitatis my responsibility to ask for clarification and/or assistance before any participation. I understand and assume all dangers and risks (both known and unknown) associated	ation and that it is my by the Facilitator(s)/Trainer(s).
challenge course program and waive, release and discharge Green Lake Conference Conferen	enter and their agents, officers bereby release Green Lake arising from the negligence of any accidents, injury, loss or of participating in the challenge
My signature on this document is also intended to bind my representatives, administration kin and assigns on my behalf. By signing below I am agreeing that I have carefully read and agree to all of the sections initiale that the information listed on the Health History Form is complete and accurate to the best of m (Please additionally complete the Health History Form prior to signing this documents)	ed above. I am also verifying ny knowledge.
Participant Signature (Minors must sign)	Date
Parent/Guardian/Legal Representative Signature Relationship (Required if Participant is under 18 years of age) Experiential Systems, Inc. – P.O. Box 188 Lansing, IL 60438 – (877	Date