

## **Consent and Release Form**

Participant's Name	Date:
Emergency Contact(s): 1. Name:	Phone #:
2. Name:	Phone #:

I, the applicant declare that:

- 1. I agree to abide by the rules and directions of Diakon and its staff.
- 2. I understand and appreciate that there are a number of inherent risks involved in the activities in which I will be participating, which are beyond the control of Diakon or its staff, and I agree to personally assume such risks.
- 3. I understand that every care and attention will be given to the health and comfort of the participants, but Diakon and/or leadership staff cannot be held liable for any injuries sustained which were not directly caused by their failure to take due care.

I hereby authorize the leader of the event to secure such medical advice and services as may be deemed necessary for the health and safety of myself. I understand that it shall be at the discretion of the leader of the event as to what steps must be taken for the welfare and safety of myself. I agree to accept financial responsibility in excess of the benefits allowed by provincial health insurance plans:

- 1. Where the health and well-being of myself is involved;
- 2. Where medical advice has been such that further services are required.

## High Challenge Course, Alpine Tower, Climbing Wall and Giant Swing

Due to safety considerations and equipment usage requirements, participants weighing over 250 pounds will not be able to participate in the zip line experience. In addition, if deemed necessary by Diakon facilitators, certain participants may be required to wear a chest harness in conjunction with a seat harness. This configuration is to prevent a participant from flipping upside down. (This is usually dictated by a person's body shape.)

(initials) I read, understand and agree to the statement above

I understand that participating in this Diakon program, which may include group initiatives and challenges, climbing, and/or other challenge activities, involves potential risk of physical injury. I understand that the activities can be physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my own physical and emotional well-being. I am aware and understand that all of the program activities are strictly voluntary, and it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities, and medical condition. I further state that in choosing to participate, I am not under the influence of any chemical substance, including alcohol.

Signed: (Participant)	Date:	
(Participant)		
If participant is under 18 years of age, parent or guardia I give my permission for (name of minor)		to participate in a challenge experience with Diakon
Signed: (Parent or Guardian)	Date:	
(Parent or Guardian)		
PUBLICATIONS AND MARKETING MATERIALS         By initialing below, I authorize Diakon Lutheran Social Ministries ("DLSM") to use the following information about myself in its publications and marketing materials. I understand that I may revoke this authorization in writing at any time, except to the extent that my information has been used or disclosed to create marketing materials, publications, etc. or other action has been taken in reliance upon this authorization. I understand that DLSM will not sell my information to any third parties.        my name      photographs or videotape of my image		
Signed:	Date:	_
If participant is under 18 years of age, parent or guardian mus Signed:	t sign below: Date:	