



# Mikell

*The Camp and Conference Center of the Episcopal Diocese of Atlanta*

## **PARTICIPANT INFORMATION AND LIABILITY FORM**

Adventure programs at Mikell comprise a variety of activities that could include warm-ups, games, group initiative problems, high and low ropes course elements, rappelling, hiking, rock climbing and other rigorous activities. We do not guarantee accident-free participation. There are risks, which must be assumed by each participant, that he or she could suffer an emotional and/or physical injury and/or disability.

Certain health or medical information must be made known to the instructor(s) conducting the program, so they are prepared to help participants make informed choices of their level of participation. This information will be held in confidence.

Name: \_\_\_\_\_

Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Emergency Name & Phone: \_\_\_\_\_

Do you have any limiting physical or health disabilities? \_\_\_\_ yes \_\_\_\_ no  
If yes, please explain. \_\_\_\_\_

Are you currently taking any medication? \_\_\_\_ yes \_\_\_\_ no  
If yes, please identify and explain. \_\_\_\_\_

Do you have any allergies, reactions to medications or any other medication situations? \_\_\_\_  
If yes, please explain. \_\_\_\_\_

Do you have any of the following symptoms or conditions? Circle yes or no.

History of Heart Disease or Heart Attack	Yes	No
High blood pressure or history of high blood pressure	Yes	No
Chest pain/pressure, Heart palpitations, heart murmur	Yes	No
Have you ever had a stroke?	Yes	No
Do you have diabetes?	Yes	No
Is there a history of heart disease in your family?	Yes	No

If you circled yes to any of the above, please identify the issue and describe below.

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Describe briefly your use of the following:

Tobacco: packs per day \_\_\_\_\_ How long used? \_\_\_\_\_ Date quit: \_\_\_\_\_

Please describe your exercise routine and general level of fitness by checking the appropriate box.

I exercise vigorously (brisk walk pace or faster)

\_\_\_\_\_ hardly at all.

\_\_\_\_\_ once a week on average for twenty minutes

\_\_\_\_\_ three times a week or more for an average of twenty minutes each time

\_\_\_\_\_ other

Is there any other medical information about which we should know? \_\_\_\_\_

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### Release of Liability

I acknowledge that certain risks and dangers (such as those listed below) are inherent in adventure-based activities and that Mikell Camp and Conference Center does not guarantee accident-free participation. These risks include, but are not limited to, adverse weather such as lightning, moving water, offensive animals, poisonous plants, equipment malfunctions or misuse, human misjudgment and automobile collisions. I further acknowledge that participation in these activities could result in loss or damage to personal property, and/or emotional or physical injury or disability. I understand that certain safety procedures will be taken to provide protection against these risks and that each participant is responsible for following the instructions and safety rules outlined by Mikell staff members. I release Mikell Conference Center, its principles and the Episcopal Diocese of Atlanta, its Bishop, officers and employees from all liability for any injury to me or my child from participation in Mikell activities.

Date: \_\_\_\_\_ Applicant's Signature (must be 18 or older): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Parent or Guardian Signature (if participant is under 18) \_\_\_\_\_

I, \_\_\_\_\_ grant permission for photographs or videos to be taken of me or my child (if parent or guardian signature) to be used in the promotion of Mikell Conference Center.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_