

# 2026 Rainbow Trail Lutheran Camp

## High & Low Ropes Course

### Agreement to Participate: Assumption of Risk and Release of Liability

**Participant Name:** \_\_\_\_\_

**Age:** JrHi SrHi Conf Retreat Season  
**Camp Date:** \_\_\_\_\_

Each participant, prior to participation in high or low ropes activities, will complete an Agreement to Participate and a Statement of Health Form.

#### **READ CAREFULLY BEFORE SIGNING**

I, the applicant (parent or guardian if under 18 years old) agree to abide by the safety rules and regulations set by the Rainbow Trail Lutheran Camp Ropes Course Staff.

I, the applicant (parent or guardian if under 18 years old) understand and appreciate that there are certain inherent risks involved in the Ropes Course which are beyond the control of Rainbow Trail or its staff and agree to personally be aware of such risks.

I, the applicant (parent or guardian if under 18 years old) expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

I, the applicant (parent or guardian if under 18 years old) voluntarily release, forever discharge, and agree to indemnify and hold harmless Rainbow Trail Lutheran Camp and its staff from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Rainbow Trail's equipment or facilities, including any such claims which allege negligent acts or omissions of Rainbow Trail.

I, the applicant (parent or guardian if under 18 years old) hereby authorize the Rainbow Trail Staff to secure such medical advice and services as may be deemed necessary for the health and safety of myself ( or my daughter, son, or ward) and I agree to accept financial responsibility.

I, the applicant (parent or guardian if under 18 years old) certify that I am completely healthy (both physically and emotionally) and capable of participating in the Ropes Course activities. I have listed on the Health Statement Form any medical condition that Rainbow Trail should be aware of which may hinder my participation in the Ropes course activity. However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the Ropes Course activity.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
(if participant is under 18 years old)

Print Name \_\_\_\_\_

## 2026 Rainbow Trail Lutheran Camp Ropes Course Health Statement

The proposed activity provided by Rainbow Trail requires participation in exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of these outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical exam and a physician's release in order to participate.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Gender \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

In an emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Health History** (Circle the appropriate answer and describe any YES answers.)

Have you had or do you currently have any heart problems:	YES	NO
Do you frequently suffer from pains in your chest:	YES	NO
Do you often feel faint or have spells of severe dizziness:	YES	NO
Has a doctor ever told you that you have high blood pressure (dates):	YES	NO

**(NOTE: If you have had any heart related problems you will need to have a release from a physician in order to participate in the Ropes Course activities.)**

Do you have arthritis, joint or back problems that might be aggravated by exercise:	YES	NO
Have you had any operations or serious injuries (dates):	YES	NO
Do you have any disabilities or chronic recurring illness:	YES	NO
Are there any activities to be limited/discouraged by physician's advice:	YES	NO
Do you have epilepsy:	YES	NO
Do you have diabetes:	YES	NO
Are you currently sick and/or using a medication that's not listed above:	YES	NO
Do you have allergies: (please list):	YES	NO
Do you carry family medical/hospital insurance:	YES	NO

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Suggestions or health related information for Rainbow Trail staff: \_\_\_\_\_

General Health Statement: \_\_\_\_\_

**Representation and Emergency Authorization**

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course activities. I hereby give permission to Rainbow Trail to seek medical attention for me (my child) in case of accident or injury.

Signature of Participant \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_