



**Complete and return to: Presbytery of Northern Kansas, PO Box 3287, Salina, KS 67402-3287  
by 6/15/21**

## Heartland Center



### PARTICIPANT RELEASE OF LIABILITY & HEALTH INFORMATION FORM

Heartland Presbyterian Center (HPC) policy for participation in all programs requires that every participant provide certain health/medical information to the instructors conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Participants must complete the form (front and back) and return it to HPC prior to participating in any activities.

**Please identify the Heartland Center activity in which you will be participating:**

☐ Challenge Course: The Summit ☐ Challenge Course: The Edge ☐ GPS Course ☐ Horseback Riding ☐ Cliip ☐ Archery

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

Name of Group: \_\_\_\_\_ Date of Group: \_\_\_\_\_

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

Phone: Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

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

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Policy: \_\_\_\_\_ Number: \_\_\_\_\_

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Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Day(\_\_\_\_) \_\_\_\_\_ Evening(\_\_\_\_) \_\_\_\_\_

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**Media Release-** I agree to allow myself (or my child) to have my/his/her picture taken and those pictures to be used in HPC and or PCCCA publicity.

**Horseback Riding Release (only applicable for Horseback Riding Participants)-**

I acknowledge understanding that trail riding involves being in areas that may have natural and man-made hazards which ride management cannot control, identify, modify, or eliminate: that horses can be excitable, difficult to control and unpredictable: and that accidents can happen to anyone at any time. I agree to take full responsibility for myself, my children, and my property and I will hold HPC, ride management personnel and all property owners on whose horse(s) and/or land this ride takes place, blameless and free from liability for any accidents, injury, or loss that might occur due to my participation or my child's participation in this activity.

*Under Missouri Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised Statutes of Missouri.*

**Challenge Course Release-**

Participating in this program may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur.

**Release of Liability**

The undersigned understands that each participant must assume the risk of injury that could result from any of these activities. The undersigned releases HPC, its employees, agents, and representatives, officers, and its Board of Directors and invitees from any and all liability, claims or causes of action for loss of or damage to property or any injury to the participant arising from participation in HPC activities. In signing this application, I hereby certify that this information is correct and give permission for the release of medical records in case of illness or accident.

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Participant's (if at least 18 years old) or Parent/Guardian's Signature

Date

*If you have any questions regarding your program, please contact your HPC Facilitator or office.*



## PARTICIPANT RELEASE OF LIABILITY & HEALTH INFORMATION FORM



This information will be held in confidence and used for HPC purposes only. Participants must complete the form (front and back) and return it to HPC prior to participating in any activities.

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

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Require an inhaler for Asthma attacks</b>	If YES, it is your responsibility to make sure that your prescribed inhaler is readily available during the program.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<b>Allergic to bee stings or other insect bites</b>	If YES, it is your responsibility to make sure that your prescribed medication or shot(s) are readily available during the program.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Diabetes</b>	If YES, it is your responsibility to make sure that you have food or prescribed medication readily available during the program.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>History of seizures</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Medical Device (hearing aide, prosthetic, bone brace, etc.)</b>	Please see below & explain:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Past injuries:</b> <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Knee <input type="checkbox"/> Neck <input type="checkbox"/> Ankle <input type="checkbox"/> Other _____	Please see below & explain:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Experienced a heart attack or heart condition</b>	Please see below & explain:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Pregnant</b>	Please see below.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Smoker</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Diagnosed with high blood pressure</b>	Please see below.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Current Medications: prescribed, over-the-counter, inhaler, or psychiatric</b>		
	Medication	Taken for	Side Effects
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Allergies: food, medicine, or environmental</b>		
	Allergy	Reaction	Medication Required
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Other mental condition that may effect your participation in your event at HPC.</b>	If YES, please explain:	

**If you have a history of heart problems or high blood pressure**—You are at risk if you participate physically in this program. There is historical evidence that some individuals with pre-existing heart conditions have suffered heart attacks and death after participating in a Challenge Course/Climbing program. Due to the emotional and physical demands inherent to the activities, you may be jeopardizing your health and well being if you choose to fully participate. You should consult your physician prior to attending the program.

**If you are pregnant**—You and your unborn child are at risk if you participate physically in this program. Unintentional impacts to your abdomen can occur during many of the activities that involve physical contact. If climbing is a part of your program, you will be required to wear a harness that puts pressure on your abdominal area and back. Due to the types of physical demands inherent to the activities, you may be jeopardizing your health and well being, as well as the health and well being of your unborn child, if you choose to fully participate. You should consult your physician prior to attending the program.

**If you are recovering from broken bones, dislocated joints, sprains, strains, back or neck injuries**—You are risking re-injury if you participate physically in this program. You should consult your physician prior to attending.

**If you have an enlarged organ, are a transplant recipient, or have Downs Syndrome**—You are risking injury to weakened areas of your body. You should consult your physician prior to attending the program.

*HPC recommends that you do not physically participate in activities that you think might put you at risk. If you are concerned, your Facilitator can provide you with a less physical way to stay involved.*

***If you have any questions regarding your program, please contact your HPC Facilitator or office.***

**I have read and understand the information provided and have provided the correct information on this form.**

Participant's (if at least 18 years old) or Parent/Guardian's Signature

Date