

**THE PHOEBE NEEDLES CENTER, INC.**  
**Low Ropes Challenge Course**  
**Participant Informed Consent and Release Form**

Full Name of Participant (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of participation on Low Ropes Challenge Course \_\_\_\_\_

Name of Group \_\_\_\_\_

**Parent/Guardian Informed Consent and Release**

A parent/guardian of participants under 18 years of age should thoroughly discuss this form with your child, and complete the portion at the bottom.

In consideration of the PHOEBE NEEDLES CENTER, INC. furnishing services, equipment and leadership to enable my child to participate in the Low Ropes Challenge Course, I agree as follows:

- I understand that my child will participate of their own free will (“challenge by choice”) and that my child will at no time be forced to participate in any Low Ropes Challenge Course activity, and
- I understand that participation in the Low Ropes Challenge Course is designed for persons aged 11 and older, and
- I permit photos and video of activities that may include my child to be used in camp promotion without liability or remuneration, and
- I understand that climbing at any height may have inherent risks and that participation may involve accidents that could result in injury or death, and such hazards exist in use of climbing equipment, and
- I understand that the PHOEBE NEEDLES CENTER, INC. Ropes Course staff is fully trained and experienced in facilitation of Low Ropes Challenge Course activities, that THE PHOEBE NEEDLES CENTER, INC. adheres to the latest and highest standards of Low Ropes Course construction, facilitation, equipment and procedures as defined by the PHOEBE NEEDLES CENTER’S INC. membership in the Association for Challenge Course Technology and the American Camp Association, that the PHOEBE NEEDLES CENTER INC. uses only approved equipment that is scrutinized for safety, and
- I hereby assume all risks and dangers and all responsibility for any losses and/or damages, and
- I understand that the PHOEBE NEEDLES CENTER’S INC. provides no medical insurance coverage for my child and that I am responsible for my child’s primary medical insurance coverage, and
- I indemnify and hold harmless the PHOEBE NEEDLES CENTER, INC., the EPISCOPAL DIOCESE OF SOUTHWESTERN VIRGINIA, and its staff and Board of Directors from any and all liability, claims, damage, injury or illness sustained by my child, and
- I have read this waiver and release and by signing it agree.

Participant name (first and last) \_\_\_\_\_ Today’s date \_\_\_\_\_

Allergies (if none, so state) \_\_\_\_\_

Medical, emotional, or psychological problems (list or state none) \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

*Completed form must be returned to lead facilitator at the PHOEBE NEEDLES CENTER, INC. prior to participation.*