

**HUSTON CENTER CHALLENGE EDUCATION PROGRAM
ASSUMPTION OF RISK/LIABILITY RELEASE/WAVIER OF ALL CLAIMS**

PLEASE READ THIS DOCUMENT CAREFULLY.

A Challenge Education program provides people with the opportunity to participate in problem solving initiatives and trust building activities. This experience helps to build trust among group members, encourages peers to work together as a more effective team and assists people to communicate thoughts and feelings more clearly. A Challenge Education experience can be physically, mentally, emotionally, and socially demanding. Certain risks, both real and perceived, exist in the activities.

I, _____, am aware in signing this document for participation in the Huston Center Challenge Education program that these risks could possibly include, but are not limited to, loss or damage to personal property, injury or fatality due to inclement weather, slipping, falling, insect/animal bites, equipment failure, hardware failure, falling objects, hypothermia (cold exposure), hyperthermia (heat exposure), or suffering any type of accident or illness. I understand that while the program and its staff will make every reasonable effort to inform me of proper safety techniques and practices in order to minimize exposure to known risks, all dangers (hazards and perils) associated with these activities cannot be predicted. I understand that my safety is ultimately my own responsibility. I have a personal obligation and responsibility to learn and to follow all safety standards, guidelines and policies established by the Huston Center. I will inform my facilitator at any time if I question my understanding of these standards, guidelines and policies or my ability to safely participate. I understand Huston Center adheres to the "Challenge by Choice" philosophy of experiential learning in which a participant does not have to take a risk he/she is not ready for. I also understand that this experience does not train me to lead any of the activities with other people or groups.

I acknowledge and assume all dangers, hazards, perils and risks associated with this program and waive all claims or causes of action resulting from participation in the Huston Center Challenge Education program. I hereby release all persons and agents from liability whether caused by negligence, breach of contract, strict liability, or otherwise, which I may have against the program, its successors and assigns, the Huston Center/Huston Camp and Conference Center, Diocese of Olympia, its employees, volunteers, agents, and their heirs, executors, and assigns. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

(Signature of Participant)

(Date Signed)

(Witness)

***If under 18 years of age, signature of parent or guardian required.**

(Parent/Guardian Signature)

You have my permission to use photographs in which I appear for Huston Center promotion. Yes _____ or No _____, Signed: _____
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CHALLENGE EDUCATION HEALTH HISTORY

Huston Center requires an accurate health history to be completed by all participants in the Challenge Education Program. This information is not intended to exclude anyone from participation. All health information will be used to assist the facilitator in providing the optimal group experience and will assist staff in the unlikely event of an injury.

I give my consent to the facilitator or other medical personnel to administer First Aid/medical treatment in an emergency situation.

(Participant Signature)

(Date)

****If under 18 years of age, signature of parent or guardian required.****

(Parent/Guardian Signature)

(Date)

****Please list all information regarding the following:**

NAME: _____ DATE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____

CIRCLE ONE: MALE/FEMALE AGE: _____ BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____

DIET RESTRICTIONS: _____

ALLERGIES (food, medications, animals, etc.): _____

MEDICAL CONDITIONS (including pregnancy): _____

PHYSICAL/MOBILITY CHALLENGES (arthritis, cast on extremity/recent fracture, use wheelchair, cane, crutches, walker, etc.): _____

BACK PROBLEMS: _____

VISION OR HEARING IMPAIRMENTS: _____

HEART PROBLEMS: _____

PAST INJURIES, ILLNESSES OR SURGERIES (include date of occurrence): _____

CURRENT MEDICATIONS: _____

DO YOU: Have High Blood Pressure? _____ Have Diabetes? _____ Wear dentures/false teeth? _____

Wear glasses/contact lenses? _____ (*It is recommended that people wearing glasses use a restraining strap.*)

OTHER INFORMATION: _____

EMERGENCY CONTACT PERSON

Name: _____ Relationship: _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Doctor's Name: _____ Phone: () _____

Medical Insurance Policy: _____ Number: _____

****Please complete the Risk/Liability Release/Waiver on the other side**