

**Lutherhaven Ministries  
Camp Lutherhaven & Shoshone Mountain Retreat  
Program Participant Information & Release of Liability**



Disclosure: Camp Lutherhaven & Shoshone Mountain Retreat's programs include a variety of outdoor activities, including

- Low & High Ropes Challenge Course Activities
- Rock Climbing
- Archery & Target Shooting
- Swimming
- River Floating
- Canoeing
- Boating & Water Sports
- Hiking
- Active, Run-Around Games
- Rigorous Physical Activity

The level of participation in any Lutherhaven Ministries program or activity is at all times completely up to the individual's choice. All Lutherhaven Ministries program elements are built and conducted to the highest industry standards by professional staff utilizing appropriate equipment systems. However, each participant must assume the risk that he or she may suffer an emotional or physical injury or disability while involved in any outdoor physical activity.

Complete this form entirely! Certain health information must be known to the facilitator(s) conducting programs so they may respond appropriately if health or emergency needs arise. This information is held in confidence.

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

1. Name \_\_\_\_\_ Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Do you have health/accident insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, name and address of insurance company: \_\_\_\_\_

3. Do you have any temporary or permanent disabilities or conditions of any nature that may limit or jeopardize your participation in active programs? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, identify and explain: \_\_\_\_\_

4. Are you currently taking any medication (prescribed or over-counter)? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, what and for what? \_\_\_\_\_

5. Do you have any life-threatening or severe health-threatening allergies, reactions to medications, or any other medical limitations? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, identify and explain: \_\_\_\_\_

Release of Liability: I understand that certain activities at Camp Lutherhaven and Shoshone Mountain Retreat may be physically or emotionally demanding. I affirm that my or my child/ward's health is good, and that I am not or my child/ward is not under a physician's care for any undisclosed condition that may affect my or my child/ward's fitness or ability to participate in physical activities. I recognize the inherent risk of injury, disability or death in physical activities, and I assume the risk of participating in these activities on behalf of myself or my child/ward. I understand that such risks may include falling from heights, drowning, and being hit by an object, among other risks, including unknown risks. I release and hold harmless Camp Lutherhaven; Shoshone Mountain Retreat; Lutherhaven Ministries, Inc., its officers, directors, members, employees, and agents, ("Lutherhaven") from any and all claims made on behalf of myself or my child/ward for bodily injury, including death, resulting from participation in Lutherhaven's programs and activities, whether such claims arise from Lutherhaven's negligence or otherwise.

Photo Release Lutherhaven Ministries may use, reproduce, assign and/or distribute photographs or videos of myself/my child for use in materials they may create for the purpose of promoting Lutherhaven Ministries and its programs.

I/my child/ward will/can not participate in the following activities: \_\_\_\_\_

Applicant's Signature (If 18 years or older): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or Guardian's Signature (If participant is under 18 years old): \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_