



CHURCH OF THE RESURRECTION

Men's Hike Release Form (October 13-15, 2023)

<p>EMERGENCY INFORMATION</p> <p>Name: _____ <small>Last, First, Middle</small></p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>E-mail address: _____</p> <p>Age: _____ Date of Birth: _____</p> <p>Medical insurance company _____</p> <p>Policy # _____</p> <p>Physician _____</p> <p>Office Phone _____</p> <p>Date of last tetanus shot _____</p> <p>Emergency contact _____</p> <p>Relationship _____</p>	<p style="text-align: center;">Your Phone #'s</p> <p>W _____</p> <p>H _____</p> <p>M _____</p> <p style="background-color: #cccccc; text-align: center;">Emergency Contact #'s</p> <p>W _____</p> <p>H _____</p> <p>M _____</p>
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ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

I acknowledge that this activity is extremely rigorous and physically challenging and demanding. I have been informed that I should seek a physician's approval for my participation in this activity if I have any questionable health issues. It is my total responsibility to seek a physician's recommendations and approval. If applicable, I acknowledge that I have discussed my medical issues with my physician and have been given permission to participate in this activity by that person. I further acknowledge I am aware my participation involves the risk of fall, injury and natural hazards.

I acknowledge that any medical advisor on each team is not a team physician and is not trained to manage my medical issues. Person(s) offering care will operate under the good Samaritan Act in providing assistance. I acknowledge that the medical team has limited expertise and I do not expect any treatment for any of my medical needs on this activity. I am responsible for my own medical care, including medicines that may be necessary to treat all my present medical conditions.

If I develop a medical problem that needs attention from an emergency room, I accept the risk that it may take at least 4-6 hours to get there for medical care. I understand that in the event of a medical emergency, if any medical or surgical care becomes necessary I grant those in charge of the activity permission to authorize medical attention as recommended by a licensed physician.

I hereby declare myself to be physically fit and suffering from no condition, impairment, or other illness that would prevent my participation in this mountain hiking activity. At this point, I am not aware of any medical issue that would prevent me from participating and completing a physically challenging 3-4 day hike in the mountains. I hereby accept and assume any and all risks of injury or death and therefore release any and all responsibility of Church of The Resurrection and any medical team members for such events that occur as a result of my participation in this activity. Further, I promise to hold harmless Church of The Resurrection, its representatives and fellow hike participants for any injury or illness related to this activity.

Participant's signature _____ Date _____