

**COOPER FARM ACTIVITY RELEASE FORM**  
**SPJST Education and Nature Center**  
**2001 Waldeck RD. Ledbetter TX**  
**Phone (979) 249-5674 FAX (979) 249-3108**

The undersigned has contracted with the SPJST Education and Nature Center at Cooper Farm to participate in camp activities. To allow participation, SPJST Education and Nature Center wishes to make known that there is inherent risk in many of the programs offered. These programs include, but are not limited to: hayrides, swimming, hiking, water sports, motorized water sports, climbing, group athletic events and the challenge course.

The low ropes section of the challenge course involves supervised participation in elements that may be a series of wooden platforms, wires or boards that may be 1-4 feet off the ground. These elements require group participating and participants are taught safety procedures such as spotting and proper lifting techniques. The high ropes section of the challenge course involves individual participation in elements consisting of wires or logs attached to poles that may be up to 40 feet off the ground. All of the higher elevated elements require a safety harness, helmets and a rope belay system to which the participant is attached to a trained adult instructor. If you would like more information on any activity please contact Cooper Farm's office at the phone number listed above.

The signature on this document shall serve as a release and assumption of risk. The undersigned assumes the ordinary risk involved due to the nature of the program and will hold the SPJST Education and Nature Center at Cooper Farm harmless from any and all liability whatsoever which may arise from or in connection with the program, except for claims arising from gross negligence or willful acts of employees or staff.

While all efforts will be made to ensure the safety of all participants, due to the inherent risks involved, consent and waiver of liability must be understood prior to participation. I fully understand that my participation in a SPJST Education and Nature Center at Cooper Farm program is entirely voluntary. I also state that I am not under and will not be under, the influence of any chemical substance, including alcohol.

Does the undersigned participant have any medical conditions that may limit their ability to participate in Cooper Farm's activities? If so please list any medical condition and what activities the undersigned participant will not be able to participate in:

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Cooper Farm has my permission to use photographs of myself or in which my child or ward appears for publicity.  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Full Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Full Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Emergency Phone #

## SPJST ENC HEALTH STATEMENT FORM

The proposed activity provided by SPJST ENC **requires participation in physical exercises, which are, by their nature, physically demanding.** Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions, which might create undue risks to themselves or any others that depend on them. Good physical condition will increase your enjoyment of outdoor activities. **If there is any doubt about your ability to safely participate in this experience, you should consult a physician for a complete examination.**

Name _____	S.S. # _____
Address _____	Birth Date _____
City, ST, Zip _____	Gender _____
Work Ph. ( ) _____ Home Ph. ( ) _____	Age _____
Name of Physician _____	Date of last physical exam _____
In case of emergency notify _____	Relation _____
Home Address _____	Home Ph. _____
City, ST, Zip _____	Work Ph. _____

**Health History:** (Circle the appropriate answer and describe any **YES** answers.)

1. Have you had or do you currently have any heart problems (dates): \_\_\_\_\_ YES NO
2. Do you frequently suffer from pains in your chest: \_\_\_\_\_ YES NO
3. Do you often feel faint or have spells of severe dizziness: \_\_\_\_\_ YES NO
4. Has a doctor ever told you that you have high blood pressure: \_\_\_\_\_ YES NO
5. Are you a smoker: YES NO (If YES, how many pack per day?) \_\_\_\_\_  
**(NOTE: IF YOU HAVE EVER HAD ANY HEART RELATED PROBLEMS YOU WILL NEED TO HAVE A RELEASE FROM A PHYSICIAN IN ORDER TO GO THROUGH A HIGH ELEMENT TRAINING.)**
6. Do you have arthritis joint or back problems that might be aggravated by exercise: YES NO
7. Have you had any operations, organ transplants, or serious injuries (dates): YES NO
8. Do you have any disabilities or chronic recurring illness: YES NO
9. Are there any activities to be limited/discouraged by physician's advice: YES NO
10. Are you allergic to any medicines, insects or pollen: (Do you have an Eppy Pen?) YES NO
11. Do you have Epilepsy: \_\_\_\_\_ YES NO
12. Do you have Diabetes: \_\_\_\_\_ YES NO
13. Do you have any prescribed meal plan or dietary restrictions: \_\_\_\_\_ YES NO
14. Are you currently sick and/or using a medication that is not listed above: YES NO
15. Do you carry family medical/hospital insurance: \_\_\_\_\_ YES NO
16. Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_
17. Suggestions or health related information for Team Synergy, Inc. personnel: \_\_\_\_\_
18. General Health Statement: I am in **EXCELLENT, GOOD, FAIR, POOR** health. (Circle one.)

Explain: \_\_\_\_\_

### REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and believe that my health is satisfactory to participate in challenge course activities. I hereby give permission to the medical personnel selected by SPJST ENC to order injections and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to; charges incurred for the providing of aid and arranging evacuation if SPJST ENC or its agents, determined that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities. I release all personnel from any claim whatsoever on account of first aid, treatment or service, whether deemed negligent or otherwise, rendered me during participation in ropes courses/rock climbing.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_