

-> **It is important that each applicant** (and guardian, if applicant is under 18 years of age) **read this information!** <-  
Complete and sign the INFORMED CONSENT AND MEDICAL HISTORY FORM that follows the STATEMENT OF PROGRAM. Return it to the group leader before coming to Camp Egan. To contact Camp Egan, call (918)456-6489. Group leader signs at the end of STATEMENT OF PROGRAM.

### STATEMENT OF PROGRAM

The “Camp Egan Challenge” Confidence Course program is a part of the larger field of adventure education. It will motivate people to venture out into unfamiliar, challenging territories of life experiences. The program has three basic goals:

1. To increase the individual’s level of self-confidence. They will be challenged, in a non-competitive, non-judgmental environment, to take risks as they face unfamiliar experiences.
2. To help participants learn to function in a group setting in a meaningful and productive way.
3. A final, important goal is to instill a feeling of fun into the adventure. These activities are serious business. They are stressful and sometimes painful, but they are also fun.

The course involves each party in activities centered around a series of components or structures made with rope, steel cable and wood. Each presents a new challenge. They will walk and swing on ropes, jump a reasonable distance, support falling group members, participate as a climbing aid, and have close physical contact with other group members. The components are at ground level. Reasonable precaution to protect the participants is taken. However, unforeseen circumstances may occur for which the personnel of Camp Egan cannot be held responsible.

Because of these potential dangers each participant must recognize the importance of following the leader’s instructions. Safety rules and procedures will be obeyed. Appropriate individual conduct is expected. **NO ONE IS ALLOWED ON THE COURSE WITHOUT SUPERVISION.**

Participation in the “Camp Egan Challenge” requires physical well being and mental alertness. Report on the Consent form any condition that may restrict participation.

I, \_\_\_\_\_  
(Group Leader’s signature)  
presented this form to the applicant on \_\_\_\_\_  
(Date)

\*\*\*\*\*

### INFORMED CONSENT AND MEDICAL HISTORY

*“Camp Egan Challenge” Confidence Course*

I, \_\_\_\_\_ would like to participate in the CAMP EGAN CHALLENGE  
(Applicant) **(Print or type)**  
sponsored by \_\_\_\_\_ to be held on \_\_\_\_\_  
(Your organization) (Event date/s)

PLEASE **PRINT** THE FOLLOWING INFORMATION:

1. Applicants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_
5. Person to notify in case of accident and/or injury: Name \_\_\_\_\_  
Phone Numbers: First try \_\_\_\_\_ Second try \_\_\_\_\_

**Continued** on next page...

**\*\* “Egan CHALLENGE” Confidence Course – CONTINUED \*\***

**NOTE:** Applicants are responsible for any medical expenses and should be covered by their own accident/illness insurance.

6. If you have any conditions that would limit your involvement in physical activities, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. If you are currently under physicians care, please explain: \_\_\_\_\_  
\_\_\_\_\_

8. If you are currently taking any medications, prescribed or otherwise, please state what you are taking and what it is for: \_\_\_\_\_  
\_\_\_\_\_

9. If you have any allergies or reactions to food, medication, plants, or animals, or have any other medical limitations, please identify what they are and explain: \_\_\_\_\_  
\_\_\_\_\_

10. Do you take medication for bee stings or other allergies? \_\_\_\_\_ If so, be sure to bring it with you!

11. If you have heart murmurs, episodes of irregular heartbeat, shortness of breath, or chest pains on exertion, please describe symptoms and physicians diagnosis: \_\_\_\_\_  
\_\_\_\_\_

12. If you have asthma, has the condition been stable for the past year? \_\_\_\_\_

13. If you have problems with your neck, back, arms, ankles, hips, or knees that limit your activities, please describe the symptoms and limitations: \_\_\_\_\_  
\_\_\_\_\_

14. If you suffer from severe headaches, dizziness or fainting, please describe: \_\_\_\_\_  
\_\_\_\_\_

15. For FEMALES...are you pregnant? \_\_\_\_\_

I acknowledge that I have read the Statement of Program and/or have been advised of the dangers and risks of participation in the Camp Egan Challenge Confidence Course.

I assume and understand all of the ordinary risks normally incidental to the nature of the program. This includes risks which are not specifically foreseeable.

I hereby release all rights or claims against Camp Egan and the Oklahoma Conference United Methodist Camps Boards, its clinicians, agents, and all individuals assisting in facilitating these activities, from all liability of any nature, for all injuries, loss or damages suffered at, or in any way connected with, these activities. I give consent for Camp Egan personnel to secure needed medical services in case of an EMERGENCY.

_____	_____	_____	_____
Applicant's Signature	Date	Legal Guardian (If participant is under 18)	Date
_____	_____	<b>Return this form, filled out and properly signed, to the group leader before your groups deadline.</b>	
Facilitators Signature	Date		