

**Camp Men-O-Lan**  
1415 Doerr Road, Quakertown, PA 18951  
215-679-5144, info@menolan.org, www.menolan.org

**Participant Information and Release Form For Adventure Programs**

**DISCLOSURE:** Camp Men-O-Lan's adventure programs integrate a variety of activities that may include our challenge course program (includes warm-ups, team building activities, high elements ropes course and climbing tower), canoe trips, rock climbing, and other rigorous physical adventure activities. The level of participation is up to each individual person. Yet there is a risk, which must be assumed by each participant, that he/she may suffer an emotional or physical injury or disability.

Camp Men-O-Lan's policy for participation in all activities requires that the participant's health and accident insurance provide the primary coverage for the participant. Camp Men-O-Lan reserves the right to refuse services to those persons not covered by health and accident insurance. Certain health/medical information must be made known to the instructor(s) conducting your adventure experience, so that they are prepared to respond appropriately, if the need arises.

Please complete this form and return to Camp Men-O-Lan prior to participating in any activity.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of adventure activity \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Health/Accident Insurance Co.: \_\_\_\_\_  
(include policy number)

Person to call in case of emergency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

1. Do you have any limiting physical disabilities, handicaps, or chronic back and/or joint conditions (temporary or permanent)? Yes \_\_\_\_\_  
No \_\_\_\_\_ If yes, please explain:

2. Are you currently taking medication? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, list the type of medication, for what condition it is prescribed, and recommended dosage. The participant must bring an adequate amount of medication in waterproof, non-breakable containers.

3. Have you had or do you have asthma, diabetes, thyroid trouble, bleeding problems, epilepsy, or any type of arthritis? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, please give details and present condition:

4. Are you allergic to any medications (e.g. penicillin, aspirin, sulfa) foods (e.g. milk, seafood) insect bites (e.g. bees, wasps, spiders) or other substances (e.g. dust, ragweed, poison ivy)? YES \_\_\_\_\_ NO \_\_\_\_\_ If so please give details, date of last reaction, and any treatment given:

5. Do you have any special dietary restrictions? YES \_\_\_\_\_ NO \_\_\_\_\_ If so please give details:

**RELEASE OF LIABILITY**

I have read the enclosed information and understand the physical and stressful nature of Camp Men-O-Lan's adventure programs. I have noted any medical or physical conditions which might affect my ability to participate in any activity. As a participant, I will at all times wear any required equipment, and follow the directions of the instructor(s). I release Camp Men-O-Lan, its staff, and board of directors from all liability for any injury to me from participating in these activities. I grant permission for any emergency medical care, anesthesia and/or operation which might become necessary.

**PHOTO RELEASE**

I grant Camp Men-O-Lan employees or any of its agents to use, reproduce, and distribute photographs, videotapes, and sound recordings of myself, for use in materials they may create.

Applicants Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Gaurdian Signature: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone number \_\_\_\_\_  
(if applicant is under 18)