

Florida College Camp

P. O. Box 333
Alief, Texas 77411-0333

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Dear Parent,

This letter and accompanying form is for 9-12 grade campers. The High Ropes Challenge Course is designed to help the campers push their own limits in a unique and exciting way. Above all, we strive to create a safe, positive, encouraging, and accepting environment where the attempt is the first and most important measure of success.

The goal of the activity is to allow the participants to step outside of their comfort zone and expand their horizons. Each element provides physical, mental, and emotional challenges. The elements include: two climbing walls, two high traverses, a zip line, and a “jump platform”. These activities teach trust and self-confidence, and help the participant to realize that they are capable of more than they ever thought possible.

Because of the nature of these activities, safety is our first priority. The facility was built with this in mind and all of the involved camp staff members are fully trained and certified. All safety issues (equipment setup and inspection, belaying campers on the climbing walls, traverse elements, and the jump platform, etc.) are handled by the camp staff. Each camper is fitted with a standard climbing harness (a full body harness for the jump platform) and helmet, and is attached to a safety rope at all times. Each safety rope is handled by an assigned staff member who watches, advises, and protects the camper. The campers are given a thorough review of the safety equipment and rules before anything starts, and all harnesses, buckles, and ropes are checked thoroughly before a camper starts any of the elements.

Access is limited so participants are selected randomly from grades 9-12. All participants must have a completed waiver with a parental signature. Campers over 18 years of age can complete and sign their own waivers. A waiver form is on the next page (Page 2 of 2).

If you would like your child to participate, please complete and sign the waiver and *mail to the Camp* (See address above). Even if your child is not initially selected, we will have the waiver form ready just in case there is an opening.

Every year this activity is a highlight for many campers who are astonished by what they are able to do. I hope that your child will be able to join us on this adventure.

FLORIDA COLLEGE DRY CREEK CAMP
HIGH ROPES CHALLENGE COURSE ASSUMPTION OF RISK

Please Mail the Completed Form to:
PO Box 333, Alief, TX 77411

Participant's Name (please print) _____

Campsite Owner: Dry Creek Baptist Camp

The High Ropes Challenge Course at Dry Creek Baptist Camp was constructed by a professional Challenge Course company according to nationally recognized industry standards, is inspected annually by the same company, and is run by certified instructors. Participation is encouraged according to the "Challenge by Choice" concept.

I am aware that during my requested participation at the Dry Creek Baptist Camp High Ropes Challenge Course, certain risks and dangers do exist. These include, but are not limited to the hazards of being in a wilderness type setting, the forces of nature, other acts of God, and those existing because of the content of this program. In consideration of these activities and environment, I have, and do hereby assume all risks associated with participation in the High Ropes Challenge Course and will hold harmless the staff, officers, and trustees of Dry Creek Baptist Camp, Florida College Dry Creek Camp, and Florida College, from any and all liability, actions, cause of action, debts, claims and demands of every kind and nature whatsoever, which I now have or which may arise from, or in connection with my participation in any activities arranged for me by Dry Creek Baptist Camp, Florida College Dry Creek Camp, and Florida College and its staff. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators and for all members of my family.

In the event of an accident or illness, Dry Creek Baptist Camp and Florida College Dry Creek Camp will make every effort to provide first aid and, if needed, arrange transportation to medical facilities.

Signature of participant: _____

Address: _____

Phone: _____ **Date:** _____

Signature of Parent/Guardian if participant is under 18 years of age:

x _____

Home phone: _____ **Work phone:** _____

Contact Person in the event the above cannot be reached in an emergency:

Name: _____

Phone: _____