**Covenant Hills Challenge Adventure Program**
**Participation Agreement**

_____ _____**Honor Company N E S W**___
Print Participant Name Print Name of Group

**Instructions: Please read the form carefully. Each participant and / or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the process.**

I understand that my participation in programs offered by the Challenge Adventure Program at Covenant Hills is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity. I have read the Full Value Contract on the back of this agreement and agree to the following guidelines as presented.

I understand the employees of Covenant Hills have received extensive training, and will work to protect the emotional and physical safety of myself and / or my child. I understand that climbing, high ropes, ground initiatives and other activities in the Challenge Adventure Program for which I and/or my child have enrolled, entails certain risks. I elect to participate and / or allow my child to participate in spite of these risks.

Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my / my child's participation, and do hereby release Covenant Hills / Free Methodist Church and it's members, trustees, officers, employees, independent contractors and agents from all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon all parties during the entire period of participation in the said program.

I grant Covenant Hills and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.

_____ _____
Signature of Participant (Required) Signature of Parent / Guardian
***(REQUIRED if participant is under 18)***

_____ _____
Print Participant Name Print Parent Name

Age:_____ Birthday:_____

_____
Address City State Zip

Person to be contacted in case of emergency: Name:_____

Home Phone:_____ Business Phone:_____