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## CHALLENGE COURSE RELEASE FORM

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*This will be given to Nebraska Lutheran Outdoor Ministries for their records.*

Name: \_\_\_\_\_ Over 19 yrs old? \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

*In case of emergency notify:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

All participants will follow all safety procedures and guidelines as instructed by the NLOM staff. Participating in this program may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur.

I understand that this activity could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. **I realize that the Challenge Course/Climbing program might jeopardize my health if I have a history of heart problems or high blood pressure, am pregnant, recovering from broken bones, dislocated joints, sprains, strains, back or neck injuries, have an enlarged organ, am a transplant recipient, or have Down Syndrome.** Participants with any of these or other physical concerns should talk with the NLOM staff prior to the start of the Co-Op event.

In the event of illness or injury, I do hereby consent to whatever medical treatment and hospital care may be considered necessary in the best judgment of the attending physician, surgeon, or dentist performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation in this activity, I agree to waive all claims against Nebraska Lutheran Outdoor Ministries and to hold its employees harmless from any and all liability or claims because of any death, bodily injury, personal injury, or illness that may arise out of or in any way be connected with the above-described activity. This waiver shall not apply to any occurrence that may arise solely out of the negligence of NLOM, its employees or agents.

I am aware that I might be photographed and/or videotaped during my participation, and authorize such photographs and/or videotapes to be used by NLOM in training or promotional materials at any point in the future. I understand that my name will not be used and/or published in any way, and that I will not receive compensation for the use of such photographs and/or videotapes.

**By signing below I am agreeing that I have carefully read and agree to all of the sections above.**

\_\_\_\_\_  
Participant Signature (Minors must sign) Date

\_\_\_\_\_  
Parent/Guardian/Legal Representative Signature Relationship Date  
(Required if Participant is 19 years of Age or Younger)

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Nebraska Lutheran Outdoor Ministries  
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