



Camp Tuhsmeheeta Adventure Education Participation Informed Consent

Camp Tuhsmeheeta Acknowledgement of Risk

Your group/organization/camp leader has chosen to use Michigan Department of Education, Camp Tuhsmeheeta staff to offer one or more adventure activities during their stay on Camp Tuhsmeheeta property. This includes, but is not limited to, group games, initiatives, climbing tower and/or archery program. Trained leader/instructor/facilitator(s) will provide safety orientation and facilitate the activity. However, there is a potential for injury and this risk must be assumed by each participant. At no time will you (your child) be forced to participate. Participation in individual activities and elements is voluntary at all times. We require that each participant have health or accident insurance and/or be covered under a group liability or workers compensation insurance plan. In addition, certain health information must be shared with our instructor/facilitators so that we are prepared to respond appropriately if the need arises. Please complete the information below and return it signed to your group leader prior to your adventure education experience.

Health Information

Below are some common health history issues that participants should consider prior to the adventure experience. Please consider your health carefully and discuss any concerns with your group leader and Camp Tuhsmeheeta staff prior to engaging in the activities:

- Cardiac or pulmonary conditions
- Fainting spells or convulsions
- Pregnancy
- Back or Neck Injury
- Shortness of Breath
- High Blood Pressure
- Any Orthopedic Problems
- Recent Injuries
- Insect Allergies

Health Information

I understand that there are risks of personal injury that accompany my child's participation in adventure education programs at Camp Tuhsmeheeta. By signing below, I acknowledge that I have been informed as to the nature of these activities and the possible risks associated with them. I have accurately completed the health information section and affirm that my child is able and willing to participate in these activities. I understand that my child may choose to not participate in any activity. Furthermore, I give the staff at Camp Tuhsmeheeta my permission to seek necessary treatment by licensed medical personnel for my minor child in the event of an emergency. This authority is granted only after a reasonable effort has been made to reach me as a parent.

I hereby expressly agree to hold harmless, defend and indemnify the State, its agents and employees, from and against any and all claims, suits, demands, actions, liabilities, damages, causes of actions or judgments in any manner be imposed on or incurred by the State, its agents and employees, for bodily injury, loss of life, and /or damage to property, including the State's agents, employees, and property, resulting from, arising out of, or in any way connected with the use of the premises.

Please Complete the Following Information:

Group Name:	
Participant Name:	Date of Birth:
Name of Emergency Contact:	
Phone Number of Emergency Contact:	

Complete this section only if the participant is under 18 years old:

Parent Name:		Phone Number:
Parent Address:		
City:	State:	Zip:

Parent Signature: _____ Date: _____

Complete this section only if the participant is 18 or older:

Participant Address:		
City:	State:	Zip:
Participant Phone Number:		

Participant Signature: _____ Date: _____