Conference Point Center

300 Conference Point Rd
Williams Bay, WI 53191
(262) 248-5500

Boating, Banana Boating, Swimming, Laser Tag, Broom Ball, Tubing and Other Activities
Acknowledgement of Risk and Assumption of Responsibility / Liability Waiver / Hold Harmless

CPC programs involve a variety of activities that often include warm ups, exercises, activities, group initiative problems, banana boating, boating, swimming, laser tag, broom ball, tubing and other activities. Participants engage in such activities always by their own choice, so the individual must assume the risk of injury. We do not want you to engage in activities that would be detrimental to your health or which might be opposed by your physician because of illness, injury or surgery. We ask you for the following information so we can be aware of potential problems to better help you safely enjoy your experience. Thank you for your assistance!

Participant's Name: _____
Gender: M or F Birth Date: ___ /___ /_____
Address:
_____
_____
_____
Home Phone: ( ) _____
Cell Phone: ( ) _____

Group Name: _____
Age: _____ Height: _____ Weight: _____

In Case of Emergency notify: _____
Relationship to you: _____
Emergency Contact #'s: ( ) _____
( ) _____

Please Circle:

Yes No Do you have allergies? (Insect stings, drugs, etc.) _____
Yes No Do you take or carry medication?_____
Yes No Medical Conditions? (Epilepsy, diabetes, asthma, etc.) _____
Yes No Any physical conditions that will hinder your participation? _____

I understand that during my participation in activities, which include but are not limited to, Banana Boating / Boating, Swimming, Broom Ball, Tubing, Laser Tag or other Activities, I may be exposed psychologically and physically to stressful and challenging situations. I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. I understand and appreciate that there are a number of inherent risks involved in these activities that are beyond the control of the camp or its staff and agree to personally assume such risk. Also, I understand that I share responsibility for safety and I assume that responsibility. Further, I waive any claim that may arise against CPC or its employees as a result of my participation in the stronghold activity. I accept responsibility for my personal health and verify that I have no physical or psychological problems that would prohibit my participation in the activity. I agree to comply with all instructions and directions of Conference Point Center staff during my participation.

Participant's Name (please print): _____ Date: _____
Participant's Signature: _____

Parent/Guardian Name (please print): _____ Date: _____
Parent/Guardian Signature: _____
(Signature of Parent or Legal Guardian **required** for participation)