RISK ADVISORY

Camp Firewalker has an excellent health and safety record. Camp Firewalker strives to minimize risks to participants and advisors by emphasizing proper safety precautions. Because of the safety precautions required, most participants in Camp Firewalker programs do not experience injuries. Preparation for activities, awareness of risk, and safety precautions are emphasized. If you decide to attend Camp Firewalker, you should be physically fit, have proper clothing and equipment, and be willing to follow instructions and work as a team with your unit and take responsibility for your own health and safety. Like other wilderness areas, Camp Firewalker is not risk free and you should be prepared to listen to safety instructions carefully, follow directions and take appropriate steps to safeguard yourself and others.

Parents, guardians, and potential participants in Camp Firewalker programs are advised that participation at Camp Firewalker can involve exposure to illness and injury associated with high elevation and physically demanding high adventure program in a remote mountainous area. Campers may be exposed to occasional severe weather conditions such as lightning, hail, and heat.

Wild animals such as bears, elk and moose are native and usually present little danger if proper precautions are taken.

Camp Firewalker's staff are trained in preventing accidents, in first aid and CPR, and are prepared to assist in recognizing, reacting, and responding to accidents, injuries and illnesses. *Medical and search and rescue services are provided by Camp Firewalker in response to an accident or emergency. However, response times can be affected by location, weather, or other emergencies and could be delayed.*

RECOMMENDATIONS REGARDING CHRONIC ILLNESSES

Cardiac or Cardiovascular Disease

Adults who have experienced any of the following should undergo a thorough evaluation by a physician before considering participation at Camp Firewalker.

- Angina (chest pain caused by coronary artery disease or congenital heart disease)
- Myocardial infarction (heart attack)
- Surgery or angioplasty to treat coronary artery disease
- Stroke or transient ischemic attacks
- Claudication (leg pain with exercise caused by hardening of the arteries)
- Family history of heart disease under age 50
- Smoking

The altitude at Camp Firewalker and the physical exertion involved may precipitate either a heart attack or stroke in susceptible persons. Participants with a history of any of the 7 conditions listed above should have a physician-

supervised stress test. **Even if the stress test is normal, the results of testing done at lower elevations and without the strain of the events at Camp Firewalker, do not guarantee safety**. If the test results are abnormal, the individual is advised not to participate.

Hypertension (high blood pressure)

The combination of stress and altitude appears to cause significant increase in blood pressure in many individuals. Occasionally hypertension reaches such a level that it no longer is safe to engage in strenuous activity. Persons whose blood pressures are increased mildly (greater than 135/85) may benefit from being treated before coming to Camp Firewalker and continuing treatment while at Camp Firewalker. Those persons who are hypertensive before coming to Camp Firewalker (blood pressure greater than 150/95) are strongly urged to be treated and to have a normal blood pressure (less than 135/85) before coming.
Medications should be continued while at Camp Firewalker.

Insulin-Dependent Diabetes Mellitus

Exercise and the type of food eaten affect insulin requirements. Any individual with insulin-dependent diabetes mellitus should be able to monitor personal blood glucose and know how to adjust insulin doses based on these factors. The diabetic person should also know how to give a self-injection. Both the diabetic person and one other person in the group should be able to recognize indications of excessively high blood sugar (hyperglycemia or diabetic ketoacidosis) and to recognize indications of excessively low blood sugar (hypoglycemia). The diabetic person and at least one other individual should know appropriate initial responses for these conditions. It is recommended that the diabetic person and one other individual carry insulin during hikes or treks away from the main camp (in case of accidents) and that a third vial be kept at the main camp with the staff for backup. Insulin can be carried in a small thermos which can be re-supplied with ice or cold water as needed.

A diabetic person who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate at Camp Firewalker until better control of the diabetes has been achieved.

Seizures (epilepsy)

A seizure disorder or epilepsy does not exclude an individual from participating at Camp Firewalker. However, the seizure disorder should be well controlled by medications. A minimum of one year seizure free period is considered to be adequate control. Camp Firewalker staff might consider exceptions to this guideline. The Camp Firewalker staff may place some restrictions on activities (i.e. rock climbing, rappelling, and high ropes) for those individuals who are approved for participation but whose seizures are incompletely controlled.

Asthma

Individuals with asthma must consult with a physician in order to establish "good" control of this condition. The asthma should be controlled to essentially normal lung function with the use of oral or aerosol bronchodilators. The patient should bring ample supplies of medication to Camp Firewalker. Individuals undergoing allergic desensitization therapy who require injections while at Camp Firewalker should bring and store them with the Camp Firewalker medical staff on arrival.

Asthmatic individuals whose exercise-induced asthma cannot be prevented with bronchodilator premedication; individuals requiring systemic corticosteroid therapy or who have required multiple hospitalizations for asthma should not attempt to participate in the strenuous activities encountered at Camp Firewalker. At least one other unit member should know how to recognize asthma attacks, how to recognize worsening of an attack, and how to administer bronchodilator therapy. Any person who has required medical treatment for asthma within the past six years must carry a full-sized prescription inhaler if that person is approved to go on a high adventure activity.

Recent Orthopedic Surgery

Every Camp Firewalker participant will put a great deal of strain on feet, ankles, and knees. Experience has demonstrated that a participant who has had orthopedic surgery *including arthroscopic or other musculoskeletal injuries* within the past six months, may find it difficult or impossible to negotiate many of Camp Firewalker's high adventure activities. A person with a cast on any extremity may participate only if approved by a physician. Ingrown toenails are a common problem and must be treated 30 days prior to arrival.

Psychological and Emotional Difficulties

A mental disorder does not exclude an individual from participation. Parents and advisors should be aware that Camp Firewalker is not designed to assist participants to overcome psychological or emotional problems. Experience demonstrates that these problems frequently become magnified, not lessened when a participant is subjected to the physical and mental challenges of high adventure at high elevation. *Any condition should be well controlled without the services of a mental health practitioner. Under no circumstances should medication be stopped immediately prior to a Camp Firewalker adventure. Participants requiring medication must bring an appropriate supply.*

Medications

Each participant at Camp Firewalker who has a condition requiring medication should bring an appropriate supply. In certain circumstances, duplicate or even triplicate supplies of vital medications are appropriate. *People with an allergy to bee, wasp or hornet sting must bring an epi pen or equivalent with them to Camp Firewalker.*

An individual should always contact the family physician first and then call Camp Firewalker if there is a question about the advisability of participation. Camp Firewalker reserves the right to make decisions regarding the participation of individuals at Camp.

Medical Information for High Adventure Participants

You are about to take part in a High Adventure experience. During the activities, you will undertake a wide variety of physical and mental challenges, in an environment designed with safety in mind.

Many participants ask us about the physical requirements for taking part in the activities. We find that the best way to answer this question is to compare these activities to a variety of common pastimes with which we are all familiar.

For most of the time while at Camp Firewalker, you will be undertaking activity which is best described as **"moderate exertion"**. This is comparable to: normal walking, golfing on foot, raking leaves, waiting tables, or calisthenics. There will be some situations on the course where, for several minutes, you will be engaged in **"vigorous exertion"**. This is comparable to: running, speedwalking, tennis, swimming, cross-country skiing, shoveling snow, fast biking, mowing with a push mower, ice hockey drills, softball, or hurried restaurant work.

If these types of activity are difficult for you, please discuss your participation on the activity with a physician who knows your health history. If these are activities in which you regularly engage without difficulty, you should be fit for participation.

Finally, there are a few specific medical conditions about which participants should **always** seek advice from their physicians before engaging in High Adventure activities. If any of these apply to you, you **must** consult with a physician before participation. If you or your physicians have any questions about these conditions or about challenge course activities, please contact us at (719) 687-4391.

- *Kidney or liver transplant* (Climbing harness can injure transplanted organ.)
- *Healing fracture or joint injury* (Should be cleared by treating physician.)
- *Recent surgery* (Should be cleared by treating physician.)
- *Down syndrome* (Should have x-ray check for neck instability, as per recommendations of the Special Olympics.)

CAMP FIREWALKER
HEALTH AND MEDICAL RECORD

Name _____ Phone _____ Date of Birth _____
Address _____ City, State, Zip _____

Family Medical Insurance Company _____ Policy # _____
Insurance Company Address _____ Phone # _____
City, State, Zip _____
Please attach a copy of your Insurance Card. If you have none, so state.

EMERGENCY POINT OF CONTACT:
Name _____ Relationship _____
Address _____ Phone # _____
City, State, Zip _____ Bus Phone # _____
Alternate Contact _____ Phone # _____

PARTICIPANT HEALTH RECORD

Are you now, or have you ever been treated for any of the following: (Answer yes or no)

	Y	N		Y	N		Y	N		Y	N		Y	N
Sinus Trouble			Kidney disease			Earaches/infections			Abdominal problems			Rheumatic fever		
Hay fever			Tuberculosis			Fainting spells			Epilepsy			Asthma		
Heart trouble			Diabetes			Frequent Diarrhea			Any mental illness					
Allergy to bee, wasp or hornet stings			Allergies or reactions to any medication			Explain:								

For women: menstrual problems YES/NO

Have you had more than a brief minor illness (24 hrs or more), injury or emotional difficulty during the past year? Yes/No
If so, what? _____
Operations or serious injuries or hospitalization (for any reason) within the past 36 months (dates) _____
Any restriction of activity for medical reasons? Yes/No Explain _____
Have you taken any medication for more than two weeks in the past year? (What & Why) _____
Are you now taking medication or treatment? (Why?) _____

List current medications and dosages:

Medications	Dosage
NOTE: BE SURE TO BRING MEDICATION THAT MAY BE NEEDED AT CAMP	

PARENT'S/GUARDIAN'S AUTHORIZATION - REQUIRED FOR THOSE UNDER 18 YEARS OF AGE.
I, the undersigned, have read and understand this entire form, including the sections entitled "Physician Please Note." This health history of the applicant is accurate and complete and the person herein described has permission to engage in all Camp Firewalker activities described, except as specifically noted by me or the physician on this form. If I cannot be reached in an emergency, I hereby give permission to the physician selected by Firewalker, or the adult advisor in charge, to treat, hospitalize, secure anesthesia or to order injection, surgery or other treatment for the person described herein and Camp Firewalker has permission to obtain all information connected with treatment by a physician, hospital or other treatment facility.

INFORMATION ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I GIVE MY CHILD PERMISSION TO ATTEND CAMP FIREWALKER AND PARTICIPATE IN HIGH ADVENTURE ACTIVITIES.

Applicants signature _____ Parent/Guardian signature _____
Date _____ Date _____

Recreation Activity Release of Liability, Waiver Claims, Express Assumptions of Risk and Indemnity Agreement

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Recreation Activities.

I, (participants name)_____ do hereby affirm that I have been fully informed of the inherent hazards and risk associated with recreational activity. Including the use of equipment and transportation associated therewith of which I am about to engage in. Inherent hazards and risk include, but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for permanent disability and death.
2. Possible equipment failure and/or malfunction of my own or others equipment.
3. This activity takes place outdoors and therefore includes risk associated with exposure to elements, excessive heat, hypothermia, impact of the body on the weather, injection of water into my body orifices, encountering objects either natural or man-made, exposure to animals with the attendant risk of kicking, biting, shying away, running off, or otherwise moving in an unanticipated manner causing injury and/or death.
4. My own negligence and/or the negligence of others, including but not limited to the operator error and guide decision making including misjudging terrain, weather, trails, or route location.
5. Attack by or encounter with insects, reptiles, and/or animals.
6. Accidents or illness occurring in remote places where there are no available medical facilities.
7. Fatigue, chill, and/or dizziness, which may diminish my/or our reaction time and increase the risk of accident.

I understand the description of these risks is not complete and that unknown or unanticipated risk may result in injury, illness, or death.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the activity(ies) described above and related activities, I hereby agree, acknowledge, and appreciate that:

1. I hereby release and hold harmless with respect to any and all injury, disability, death, or loss or damage to persons or property, whether caused by negligence or otherwise, Wildhorn Ranch, LLC and Camp Firewalker, LLC, herein referred to as Releases.
2. To release the releases, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releases otherwise. By executing this document, I agree to hold the releases harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releases, other than what is set forth in this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP ALL LEGAL RIGHTS BY SIGNING IT, AND I SIGN FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE: This is to certify the I, as a Parent, Guardian, Temporary Guardian with legal responsibility for the participant, do consent and agree not only to his/her release of all Releases, but also release and indemnify the Releases from and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

_____	_____	_____
Name of Adult Participant (Print)	Signature of Adult Participant	Date
_____	_____	_____
Name of Parent or Legal Guardian if Participant is a Minor (Print)	Signature of Parent or Legal Guardian	Date

_____

Name of Minor (Print)

Revised April 24, 2023