



OAK RIDGE MILITARY ACADEMY

Health Acknowledgement Form

Please read carefully. Adventure Camp can be physically challenging at times and acceptance into the program is contingent upon the applicant being physically and mentally capable of participating safely in all activities. Applicants and their parent(s) and/or guardian(s) must accurately complete the Medical Release and Waiver Form and this Health Acknowledgement Form with a Physician's signature certifying the applicant is in good health and physically capable of participating in all aspects of the program. A copy of the family's insurance card must be included. Physical activities during the program include, but are not limited to:

Daily Calisthenics: Pushups, sit-ups, leg lifts, jumping jacks, stretching, etc.

Running: Up to two-miles each day

Walking: Up to four-miles each day

Obstacle Course: Includes climbing, jumping, leaping, crawling, lifting

Rappelling: Off a 40' tower and a 60' to 80' rock face at Hanging Rock/Pilot Mountain State Parks

Climbing: Up a 20' Wall

Hiking: Up to 4-miles to access cliffs for rappelling (Trails rated moderate)

Swimming: Water Survival (Accommodations made for non-swimmers)

Required Acknowledgements

PARTICIPANT: I, _____ hereby acknowledge that I am willing to
First Name Middle Name Last Name
participate in all the aforementioned activities during the Oak Ridge Adventure Camp.

Participant's Signature & Date

PARENT/GUARDIAN: I, _____ hereby acknowledge that my
First Name Middle Name Last Name
son/daughter is fully capable of participating in the aforementioned activities during the Oak Ridge Adventure Camp and is not currently under the care of a physician for any injury or illness that would prevent his/her safe participation.

Parent/Guardian's Signature & Date

PHYSICIAN: The above-named applicant is in good health and physically capable of participating in the aforementioned activities during the Oak Ridge Adventure Camp.

Physician's Signature & Date