



**ROCK  
RIVER  
CHRISTIAN  
CAMP**  
and Retreat Center

16486 West Illinois Rt 64  
Polo, Illinois 61064

Phone: 815-493-6622  
Fax: 815-493-2374

Email: rrccoffice@gmail.com  
Web: www.rockrivercc.net

## Zip Line Release Form

*Rock River Christian Camp's zip line is constructed and maintained to meet the A.C.C.T. safety standards, and also meet the generally accepted national standards for zip lines. The equipment we use is of the highest quality and strength. All of our facilitators are trained and certified. The zip line is designed to minimize the risk of serious injury.*

*Each participant using RRCC's zip line must have a release form signed before using the zip line. All those under eighteen years of age must also have the form signed by a parent or guardian. **NO ONE MAY PARTICIPATE WITHOUT A SIGNED FORM.***

***Please indicate any conditions that may require special attention while participating on the zip line:***

- Allergy to Bee Stings -Do you require an Epi Pen or Benadryl? (circle one or write "no")
- Asthma – Please bring inhaler with you – Is your asthma under control? Recent attacks? Please explain below.
- Epilepsy – Under control? Date of last occurrence: \_\_\_\_\_
- Heart condition – Please explain below, include date of last occurrence
- Other conditions or explanation of above condition: \_\_\_\_\_

**I release Rock River Christian Camp, and all facilitators from liability for accidents that may occur during the participation on the zip line at Rock River Christian Camp.**

**Participant's Name (Printed):** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_