

Camp Kearney – South Side Mission 30,000 Mission Camp Road, Canton, Illinois 51620
High Ropes Course, Zip Line, & Climbing Wall Structure

PARTICIPANT AGREEMENT, MEDICAL RELEASE & RELEASE OF LIABILITY

Participant Name _____ (please print)

Parent/Guardian Name (if Minor) _____ (please print)

Initial below to indicate that you have read, understand, and agree to the section following your initials.

Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.

_____ **I state that I am not now under the influence of any controlled substance (including alcohol), and that I will not be under the influence of any such substance when present at any activity sites or while participating in or using the High Ropes Course, Zip Line, or Climbing Wall Structure.** I realize that participating in/using the High Ropes Course, Zip Line, and Climbing Wall Structure while under the influence of a controlled substance would endanger others and myself. I further state that I shall not bring any controlled substance onto any activity sites.

_____ **I am aware that I might be photographed and/or videotaped during my participation,** and authorize such photographs and/or videotapes to be used by Camp Kearney/South Side Mission in training, and/or promotional materials at any point in the future. I understand that my name will *not* be used and/or published in any way, and that I will *not* receive compensation for the use of such photographs and/or videotapes.

_____ **I give my consent to Camp Kearney/South Side Mission employees and to emergency medical personnel to treat me if they deem to be medically necessary.** I authorize Camp Kearney/South Side Mission employees, trained volunteers, and sub-contractors to secure such medical advice and services as they feel necessary for my health and well-being. I give my permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.

_____ **I agree to accept financial responsibility for any medical expenses and/or loss of income** not covered by my Insurance Policy that results from my participation in or use of the High Ropes Course, Zip Line, and/or Climbing Wall Structure.

_____ **I understand that High Ropes Course, Zip Line, & Climbing Wall Structures are, by their nature, physically and emotionally demanding,** and that participating in these activities may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased heart or breath rates and/or physical contact with others.

_____ **I understand that although the Camp Kearney/South Side Mission staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be prevented** (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc..)

_____ **I understand that my participation is voluntary and that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety,** and I agree to notify an Camp Kearney/South Side Mission employee if I have safety concerns. I understand that Camp Kearney/South Side Mission practices the “Choose Your Challenge” philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

_____ **I understand the Camp Kearney/South Side Mission staff has the right to deny my participation** and that it is my responsibility as a Participant to follow the instructions, guidelines and procedures established by the Facilitators(s)/Instructor(s). If at any time, I do not understand or have not heard specific instructions given by the Facilitators(s)/Instructor(s), I realize that it is my responsibility to ask for clarification and/or assistance before any participation.

_____ **I understand and assume all dangers and risks (both known and unknown) associated with my presence at any activity sites or participation in or use of the High Ropes Course, Zip Line, or Climbing Wall Structure and waive, release and discharge Camp Kearney/South Side Mission and their agents, officers and employees from any and all claims or causes of action arising from such presence or participation.** I do hereby release Camp Kearney/South Side Mission and its agents, officers, and employees from any and all liability, even if arising from the negligence of the releases. I do hereby agree to indemnify and hold harmless Camp Kearney/South Side Mission and its agents, officers and employees for any accidents, injury, loss or damage of property, and from any legal fee that I may ever have as a direct or indirect result of said presence or participation. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

_____ **My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.**

By signing below I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the Health History Form is complete and accurate to the best of my knowledge. (Please additionally complete the Health History Form prior to signing this document.)

PARTICIPANT SIGNATURE (Minors must sign)

DATE

PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE

RELATIONSHIP

DATE

(Required if Participant is under 18 years of age)