

# PINE SPRINGS CAMP

PO BOX 186, 371 PINE SPRINGS CAMP RD. PH:814-629-9834 FAX: 814-629-6520

WEB: [www.pinesprings.org](http://www.pinesprings.org)

## RELEASE OF LIABILITY

**Warning:** There are significant elements of risk in any adventure, sport, activity, or training associated with a climbing wall, ropes course, or other camp programming (referred to herein as "activities"), and the use of any equipment. Activities include, but are not limited to; mountain biking, archery, canoeing, swimming, low and high ropes, course elements, climbing tower, caving, and zip line. Activities take place on and off Pine Springs Camp's facility.

**Acknowledgement of Risks:** I/my child recognize the fact that there is an inherent danger in these types of activities, even though safety systems are provided. These risks may result in serious injury or death, and include but are not limited to: 1) Falls; 2) Risk associated with climbing or down climbing; 3) Equipment failure; 4) My child's and/or other children's physical condition, sense of balance, decision making, and the ability to follow or give directions; 5) Failure on my/my child's part to disclose a medical condition and/or physical activity concern that my child may have. I/my child also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity, such that personal property may be damaged or lost, and that wearing appropriate clothing and footwear are basic safety precautions; 6) Risk associated with transportation to off site activities; 7) Risk associated with participating in aquatic activities.

**Express Assumption of Risk Responsibility:** In recognition of the inherent risks of the activity that I/my child will engage in, I affirm that I/my child is physically and mentally capable of participating in the activity and/or using equipment. I realize it is my/my child's responsibility to inform the camp staff of any and all medical conditions and/or physical activity concerns I/my child may have, and to limit my/my child's participation in any way I/my child deem appropriate. I/my child participates willingly and voluntarily and I/my child assume full responsibility for personal injury, accidents or illness, including death, and any expenses as a result of any accident that may occur. I/my child voluntarily and knowingly assume the risk(s) of personal injury, accidents and/or illnesses, including, but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts; punctures, wounds, scrapes, and abrasions; spinal injuries; animal bite or attack; insect bite or allergic reaction; shock; paralysis and/or death; and acknowledge that during the activity I/my child may experience fatigue, chill and/or dizziness that may diminish my/my child's reaction time and increase the risk of an accident.

**Covenant of Good Faith:** I/my child recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature; medical necessities or problems in the group; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I/my child accept your right to take such actions for the safety of me/my child and/or other participants. I/my child acknowledge that no guarantees have been made with respect to activity objectives.

**Authorization:** I hereby authorize any medical treatment deemed necessary for me/ my child in the event of any injury or illness while participating in the activity. I/my child either have appropriate insurance or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/my child's behalf.

**Release:** In consideration of services or property provided, I, as legal guardian, my child, any heirs, personal representatives or assigns, do hereby release: Pine Springs Camp, Inc., its principles, directors, officers, agents, employees, and volunteers, and each and every land owner, municipal and/or government agency upon whose property an activity is conducted, from all liability.

***I have read and understand the foregoing acknowledgement of risk, express assumption of risk responsibility, and covenant of good faith and release of liability. My child and or I understand that by signing it is intended also to bind our heirs, representatives, executors, administrators, successors and assigns. I also give permission for me/my child to participate in the entire camp program; to travel in camp vehicles for off camp property trips.***

Camper's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

It is the policy of Pine Springs Camp, Inc. not to give camper information to the general public. There are times when pastors, or youth directors from churches request information about campers in their area. It is our desire and mission to work with churches in your area. If you do not want your child's information given out to these churches please initial here \_\_\_\_\_.