

STONE FORT ENCAMPMENT

Assumption of Risk

Group Name: _____

Participant Name: _____

I, *ADULT* or my parents *YOUTH* (Please circle one) have been informed and made aware that during my stay at Stone Fort, certain risks and dangers may occur. These include, but are not limited to the hazards that arise from being in a wilderness area; team and individual sports; the force of nature; my participation in water activities of all kinds; as well as other such activities including zip line, adventure and ropes courses, and horseback riding arranged by my organization and/or my group leader. We have been informed and are aware of the risks and dangers.

RELEASE OF LIABILITY - READ CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate in any way in the Stone Fort program, its related events and activities, I the undersigned, acknowledge, appreciate, and agree that;

1. The risk of injury from activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal; discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVENT IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the camp director immediately, and
4. I, for myself, and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE STONEFORT, TYLER METRO MINISTRIES, their officers, officials, agents and / or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHER WISE, to the fullest extent permitted by law.

ACCIDENT/ILLNESS

In case of accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or legal guardian. I hereby authorize Stone Fort Encampment to call a doctor or provide other necessary medical service should an emergency arise as determined by my organization director or other leader.

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

Organization Name: **Date:**.....

Signature of Participant: **Date:**.....

Parent Signature (for Youth): **Date:**.....
PARENT or LEGAL GUARDIAN SIGNATURE

Home Phone:(.....) **Work or Cell Phone :(.....)**

Emergency Contact (In the event the above cannot be successfully reached):

Name:

Home Phone:(.....) **Work or Cell Phone :(.....)**