

# DWIGHT MISSION

## PRESBYTERIAN CAMP, CONFERENCE & RETREAT CENTER

*To parents and participants of the Dwight Mission Summer Adventure Camps: We want you and your parents to be fully informed about the challenges and possible risks of this program. This form is intended to inform you of the risks involved in the Dwight Mission Adventure Programs. Please read and sign below, indicating your understanding of the content of this document and parental consent to participate in a Dwight Mission Adventure Program.*

The Adventure and Challenge Course programs that you have chosen to participate in involve strenuous physical activities, which may include warm-ups, bending, falling, jumping, hiking, climbing and descending (ranging from 0 ft. – 100 ft.). The programs include, but are not limited to the hazards of traveling and living in a wilderness environment, the forces of nature, illness (sometimes resulting from residing and exercising at altitudes up to 13,500 ft.), travel by bus or van, and other hazards because of the nature of the programs. There may be times when participants will be required to wear safety equipment such as life jackets for water activities, or harnesses and helmets that assist in climbing, falling, rappelling, and suspending safely. The programs follow safety procedures to reduce the risk of injury but can not eliminate every risk (e.g. abrasions, bruises, sprains, and fractures). At times, the nature of the activities may cause the participant to reach a maximum heart rate in a short period of time. Adventure leaders are trained in basic first aid, but in the event of a serious accident advanced medical treatment may be several hours and in some instances a day or more away. In case of accident or illness, Dwight Mission staff will attempt to provide or will secure first aid and arrange transportation to medical service if needed. Costs of medical care are the financial responsibility of the ill or injured person.

Certain activities of the programs are physically, mentally, socially, and emotionally demanding. Participation in each of the various activities involved in the programs is voluntary. It is Dwight Mission's policy to ensure that participants have control over their personal safety. At all times, participants in activities are in control of their own level of physical participation. Participants will be encouraged, but will not be forced to do any program activity. Each activity is entirely voluntary!

### ADVENTURE CAMP ASSUMPTION OF RISK AND RELEASE

I am aware that participation in a Dwight Mission Adventure Program includes certain risks and dangers, not limited to loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from traveling, or activities included in this program. I understand that by participating in the activities in which I am requesting to participate, I will be exposed to the elements of nature, possibly including temperature extremes, and inclement weather. I understand that I am responsible for assessing my (or my child's) ability to participate in each activity offered in the program. I further affirm that I have disclosed the information necessary on the Dwight Mission Health Form to enable the program leaders to provide safe and effective leadership and assistance should an emergency arise.

In consideration of, and as part payment for the right to participate in a Dwight Mission Adventure Program, I have and do hereby assume all the above risks and any other ordinary risks incidental to the nature of the program including risks which are not specifically foreseeable. I will hold Dwight Mission, its Agency Members, Directors, Officers, Employees, Agents, and/or Associates, and their heirs, executors, and administrators harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with this program. The terms hereof, and my signature on this document shall serve as a release and assumption of risk, and shall bind my heirs, representatives, executors, administrators, successors and assigns; provided, however, that nothing contained herein shall excuse Dwight Mission from the responsibility to act with reasonable care for the safety of the undersigned participant during the course of the program appropriate to the circumstances. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol that can affect my judgement. I fully understand that any physical activity involves risk of injury. I also understand that it is my obligation to inform the Dwight Mission staff of any medical or physical problems of which I am aware and that my participation in this Dwight Mission program is entirely VOLUNTARY.

\_\_\_\_\_  
Signature of Participant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian (Must sign for all persons under 18 years old)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Date: \_\_\_\_\_

#### Camp Information PLEASE PRINT

Camper: \_\_\_\_\_

Camp #: \_\_\_\_\_

Camp Title: \_\_\_\_\_

Camp Dates: \_\_\_\_\_