

LIGONIER CAMP and CONFERENCE CENTER
188 Macartney Lane, Ligonier, Pa 15658 (724) 238-6428

RELEASE OF LIABILITY

Warning: There are significant elements of risk in any camp and retreat facility that include, but are not limited to tripping or slipping hazards, uneven ground, stairs etc. There is also risk in all camp activities on and off the premises associated with sports, aquatics, climbing, ropes course, laser tag, team building exercises, volunteer labor, caving, zip lines or any other programmatic or non-programmatic event as well as the use of any equipment or vehicles for such activities.

Acknowledgement of Risks: I (which, along with "my," "me" or "mine" means myself and/or any minor children listed below for which I am responsible) recognize the fact that there is an inherent danger in these types of activities, even though safety systems may be provided. These risks may result in serious injury or death, and include but are not limited to: 1) Trips and falls; 2) Risk associated with climbing or down climbing; 3) Equipment failure; 4) My physical coordination, sense of balance, decision making, and the ability to follow or give directions; 5) Failure on my part to disclose a medical condition and/or physical activity concern that I may have; 6) Risk associated with vehicles, including transportation to off-site activities; 7) Risk associated with participating in aquatic activities; and 8) Risk associated with work done at camp on a volunteer basis, including maintenance and other activities. I 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.

Express Assumption of Risk and Responsibility: In recognition of the inherent risks of the activity that I or any minor for which I am responsible will engage in, I affirm that I am physically and mentally capable of participating in the activity and/or using equipment. I realize it is my responsibility to inform the camp staff of any and all medical conditions and/or physical activity concerns I may have, and to limit my participation in any way I deem appropriate. I participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness, including death, and any expenses as a result of my negligence. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur. I 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; contusions; animal bite or attack; insect bite or allergic reaction; shock; paralysis and/or death; and acknowledge that during the activity I may experience fatigue, chill and/or dizziness that may diminish my reaction time and increase the risk of an accident.

Covenant of Good Faith: I 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 accept your right to take such actions for the safety of me and/or other participants. I acknowledge that no guarantees have been made with respect to activity objectives.

Authorization: I hereby authorize any medical treatment deemed necessary for me in the event of any injury or illness while participating in the activity. I 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 behalf.

Release: In consideration of services or property provided, I, any heirs, personal representatives or assigns, do hereby release: Ligonier Camp and Conference Center, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability.

I have read and understand the foregoing acknowledgement of risk, assumption of risk and responsibility, and release of liability. I understand that by signing this form we may be waiving valuable legal rights. These signatures on this document are also intended to bind all heirs, representatives, executors, administrators, successors and assigns. I also give permission for my participation in any camp programs taking place during my stay; to travel in camp vehicles for off camp property trips. I also give permission for pictures/videos in which I appear to be used in camp brochures, fliers, and/or other promotional materials published and distributed by the camp without compensation.

Participant's Name _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Home Address: _____ Camper Age: _____

In case of Emergency, notify: _____ Relation: _____ Phone: _____



Ligonier Camp and Conference Center

PARTICIPANT HEALTH / MEDICAL INFORMATION

Certain health/medical information must be made known to the instructor(s) conducting programs so that they can be prepared to respond appropriately if the need arises. This information will be held in confidence.

Name: _____ Date: _____

Home Address: _____

Home Telephone: _____

Birth date: _____ Sex: ___ M ___ F Height: _____ Weight: _____

Family Physician: _____ Physician's Phone: _____

Physician's Address: _____

Name any illness or condition for which you are now under treatment, and list any medications (prescribed or otherwise) you are currently taking: _____

If you have any of the following, state the year of occurrence or onset:

- | | |
|----------------------------|----------------------------|
| Fractures _____ | Concussions _____ |
| Sprains/Strains _____ | Hernias _____ |
| Dislocations _____ | Epilepsy/Convulsions _____ |
| Asthma _____ | Diabetes _____ |
| Heart Murmur/Disease _____ | |

Name any allergies, reactions to medications, or any medical limitations you may have: _____

List any limiting physical and/or emotional disabilities or illnesses not already mentioned: _____

Is there anything else we should know? _____

