



Camper Name: _____

**Knights of Heroes
20260 True Vista Circle
Monument CO 80132**

Informed Consent/Medical/Transportation/Photo Release

Liability Release

Understanding that any physical activity involves the risk of increased heart rate, injury and/or death, I understand that my participation in programs with Knights of Heroes (KOH) is entirely voluntary. I understand that KOH does programs in-doors as well as in outdoor settings. During events held outdoors I will be in an environment with natural occurrences and results such as sudden weather changes, insects, animals, uneven and wet ground conditions. I understand it is my responsibility to inform KOH staff of any, and all physical limitations, liabilities or injuries I possess, including, but not limited to neck, back, and heart problems, recent surgeries or pregnancy. My family and I release Knights of Heroes, its board, mentors and other agents from any claims or liability arising out of my participation in any activities to include but not limited to: rock climbing, kayaking, horseback riding, fishing, canoeing, hiking, mountaineering, swimming, inner tubing, archery, riflery, camp fires, white water rafting and high ropes challenge course. This waiver, release and discharge from liability include releasing said Entity and persons from liability for its or their own negligence. I indemnify and Hold Harmless Knights of Heroes and the persons mentioned above from any and all liabilities or claims made by other individuals or entities as a result from any of my actions during the event.

Consent for Medical Treatment

Signature of participant and/or parent or legal guardian indicates an understanding of the above information and a release to treat, in the event of a medical emergency.

Consent to Transport

Signature of participant and/or parent or legal guardian indicates release to transport participant to and from camp activities in accordance with the transportation guidelines established by Knights of Heroes as published in the operating procedures guide.

Photo Release

I hereby authorize the use and reproduction by Knight of Heroes, of any photographs, videotape and sound recordings taken of me during this program for media and marketing use.
(Circle if no) NO

Consent to Contact/Communicate

I hereby authorize the Knights of Heroes Staff to communicate with my son/daughter. The best means of communication is (circle all that apply)

Facebook E-Mail : _____ Phone: _____

Signature of Participant: _____ **Date:** _____

Parent/Guardian Signature:

Printed Name of Parent/Guardian

Signature of Parent/Guardian