

**Challenge Course, Water Activities, Paintball,
Climbing Wall & other Recreational Activities Acknowledgement of Risk and Assumption of
Responsibility / Liability Waiver / Hold Harmless**

Cedar Grove Retreat Center offers a variety of activities that often include exercises, activities, group initiative problems, low element challenges and high element challenges like the climbing wall, among other activities. Participants engage in adventure activities always by their own choice, so the individual must assume the risk of injury. We do not want you to engage in activities that would be detrimental to your health or which might be opposed by your physician because of illness, injury or surgery. We ask you for the following information so we can better help you safely enjoy your experience. Thank you for your assistance!

Participant's name: _____ Gender: M or F Birth Date: __/__/__

Address: _____

Home Phone: () _____ Business Phone: () _____

Group name: _____

Age: ____ Height: ____ Weight: ____

In case of emergency, notify _____

Number for emergency contact: () _____

I understand that during my participation in Challenge Courses, Paintball, Climbing Wall, Boating, Swimming or other Activities, I may be exposed psychologically and physically to stressful and challenging situations. I understand, too, that although the center has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the center to guarantee absolute safety. I understand and appreciate that there are a number of inherent risks involved in these activities that are beyond the control of the camp or its staff and agree to personally assume such risk. Also, I understand that I share responsibility for safety and I assume that responsibility. Further, I waive any claim that may arise against Cedar Grove Retreat Center, Capstone Climbing and Adventure Inc. or its employees as a result of my participation in any activity. I accept responsibility for my personal health and verify that I have no physical or psychological problems that would prohibit my participation in the activity. I agree to comply with all instructions and directions of Cedar Grove Retreat Center, Capstone Climbing and Adventure Inc. or its staff during my participation.

Participant's Name (please print): _____

Date: _____

Participant's Signature: _____

Parent/Guardian Name (please print): _____

Date: _____

Parent/Guardian Signature: _____

(Signature of Parent or Legal Guardian **required** for participation)