



The Salvation Army - Army Lake Camp

Participation Information Form and Release of Liability

Date _____

Name _____ Address _____

City _____ State _____ Zip _____ Country _____ Email _____

Daytime Phone Number _____ Evening Phone _____

Parent/Guardian name if under 18 _____

In order to participate in program activities, including challenge course and/or Paintball activities at Army Lake Camp, I the undersigned agree and acknowledge that:

There is risk of injury, including a potential for permanent disability or death, resulting from any participation in challenge course and/or Paintball and/or from the equipment involved in participation. I freely assume all such risks, both known and unknown and assume full responsibility for my participating. I have read and understand the rules of play, including all safety related rules, and agree to fully comply with the rules and safety regulations during my participation.

The Salvation Army Challenge Course involves a variety of activities including warm-ups, games, group initiative problems, low and high challenge course elements, and possibly other rigorous physical adventure activities.

The level of participation in The Salvation Army Challenge Course is entirely voluntary at all times. Safety measures have been designed into the program (trained staff, safety equipment and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk which must be assumed by each participant.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless The Salvation Army ~ Army Lake Camp, their officers, officials, agents and or employees, from any and all liability for injury, disability, death, loss or damage to personal property.

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in camp program activities, Challenge Course and/or Paintball and that I sign this release of liability voluntarily and without inducement.

Participant Information

Certain health/medical information must be made known to the instructor(s) conducting the program so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. This form must be completed and returned to The Salvation Army - Army Lake Camp prior to participating in ay activities.

Do you have health/accident insurance? (check one) Yes No

If yes, name of company: _____ Policy Number: _____

Do you have any limiting physical disabilities, or conditions (temporary or permanent)? Yes No

If yes, identify and explain: _____

Are you currently taking medication (prescribed or otherwise)? (check one) Yes No

If yes, identify and explain: _____

Please list any allergies, especially reactions to medications: _____

Medical Permission Agreement

I hereby give Army Lake Camp staff the permission to assume responsibility for securing necessary medical care for the well being of the above named individual as long as he/she is a participant in The Salvation Army - Army Lake Camp program. In case of a sudden medical emergency, I give the Army Lake Camp staff permission to secure any needed medical or surgical care. I understand that The Salvation Army - Army Lake Camp and its staff are not responsible for any medical expenses incurred.

Date _____

Participant's Signature (if at least 18 years of age)

Date _____

Parent/Guardian Signature (if participant is under 18 years of age)

Consent to Publication by The Salvation Army

I certify that I am at least 21 years of age, my birth date being _____, 19____, and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person. I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Witness by my hand as noted and sealed this day _____ Date: _____

Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Authorization relating to a minor or individual under local guardianship

I hereby certify that I am the (parent) or (legal guardian) of a minor child or dependent, _____ and have executed this release on (his) or (her) behalf.

Date _____

Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Witness to execution of release

Date: _____

Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

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FOR OFFICE USE ONLY: Participation Information Form and Release of Liability reviewed by

Signature _____ Title _____ Date _____