



Waiver and Release of Liability

In consideration of Great Oaks Camping Association extending me an opportunity to participate in programming, I, on behalf of myself, my personal representatives, undersigned parent or guardian(if applicable) and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Great Oaks Camping Association, its directors, officers, staff, and facilitators (including all full-time and part-time employees and volunteers of Great Oaks Camping Association) and any emergency personnel, from any and all claims, actions, or losses which may arise during my travel to and from or during participation in this event.

I understand that Great Oaks' programs use a wide variety of activities including waterfront activities, archery, games, team-building initiatives, low and high challenge course, paintball, and activities off camp property. I understand that, with some pre-existing medical conditions, strenuous activities may not be recommended. I understand that if I have questions regarding my physical health or a pre-existing medical condition, it is my responsibility to consult with my physician in order to determine my level of participation. I understand that, regardless of my health, there is an inherent risk of physical or emotional injury with all the program activities, which I must assume for myself. I understand that all activities are presented on a "Challenge by Choice" basis, and I have the right to choose my own level of participation.

I understand that in order to participate in the Adventure Challenge Course and/or Paintball at Great Oaks Camp, I must wear the appropriate safety equipment and agree to follow the instructions communicated, either orally or written, by the Great Oaks Camp instructors. I understand that Great Oaks Camping Association retains the right to revoke permission granted to participate in the event and may terminate my participation at any time for any reason.

I hereby agree to comply with all rules and regulations and give my permission for the free use of my name and picture in any media account of Great Oaks Camping Association.

I also agree to assume liability for any and all damages to the Great Oaks Camping Association property that is under my control while participating in any Great Oaks Camping Association activity.

Please fill out fully

Participants Name: _____ Age: _____ E-mail address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Print Name: _____

Date: _____ Group Participating with: _____

Signature of Parent or Guardian (If under age 18): _____

Allergies or Special Needs (Use back if necessary):

Check box if permission was given through phone, email, or any other communication that allowed a second party to sign on behalf of the parent/guardian.