

## Indian Head Camp: Release of Liability Waiver Form

Name: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Country \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact Person \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Your Doctor \_\_\_\_\_

Dr. Phone \_\_\_\_\_ Hospital \_\_\_\_\_

I understand that the Poly Prep Country Day School (PPCDS) Retreat I attend, hosted by Indian Head Camp, may involve strenuous and vigorous physical, mental, intellectual and emotional activity, including but not limited to role playing, interactive games, meditations and exercise that may tax my physical, intellectual, mental and emotional capacities. I understand that the training and activities may pose a risk of physical or other injury to others and myself. I understand and acknowledge that my participation in the training and in every separate part thereof is purely voluntary and that at all times I will be free to choose NOT to participate in any part of all of the training and activities. I acknowledge my responsibility for exercising my own judgment and initiative in choosing what parts of the training if any, I will participate in. I acknowledge that my choices and my actions pose a risk of physical or other injury to others, or myself. By this consent I knowingly and voluntarily assume the risk of any physical or other injury either caused to others or myself by me during my training and or activities. I hereby release PPCDS and Indian Head Camp from any and all liability for physical and other injuries to myself. I hereby agree to indemnify and hold harmless PPCDS and Indian Head Camp of all liability, claims, suits and damages for any physical or other injury to myself or any injury to other caused by me.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that the activities described above may be more physically, mentally or emotionally demanding than my usual activities. To the extent that I have any physical, mental or emotional disability which would impair my ability to participate in the activities and exercised described above, I have made a written reference to each such disability on the reverse side of this page, and in the event that I have made no such reference to any such disability, I represent to the PPCDS and Indian Head Camp that I have none.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize PPCDS and Indian Head Camp to take any and all reasonable steps on my behalf in the case of any physical or other injury or condition I might suffer during the event I am attending. The PPCDS and Indian Head Camp may apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedical services or any other service or personnel that in the sole discretion and judgment of the PPCDS and Indian Head Camp may be deemed reasonable or necessary. I hereby agree to indemnify and hold harmless the PPCDS and Indian Head Camp of and from any and all liability, claims, suits and damages, including but without limitation, the cost, arising out of or with respect to the engagement of such services and/or personnel on my behalf. Further, I hereby knowingly and voluntarily release the PPCDS and Indian Head Camp from any liability for any physical or other injury that I may suffer as a result of their engagement of such services and/or personnel on my behalf.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_