



GROUP NAME: _____

GROUP DATES: _____

Highlands Presbyterian Camp and Retreat Center General Activity Release of Liability Form

Any person using the Challenge Course, Climbing Rock, Archery Range, a Guided Hike, Zip Line, Mountain Bikes, or Canoeing Pond at Highlands Presbyterian Camp and Retreat Center must sign a Release of Liability Form to participate. Please complete and return to Highlands Presbyterian Camp and Retreat Center.

Medical Information:

I am aware that participating in any physical activity may be dangerous. Because of the inherent dangers of participation in such activities, I recognize that importance of following directions of the facilitator/instructor and agree to obey such facilitator/instructor to the best of my ability.

So that a facilitator/instructor may be properly informed, I fully disclose the following medical information. (If “nothing,” please so indicate).

I am currently under a doctor’s care for: _____

I am currently taking the following medication(s): _____

I am allergic to the following medication(s), food, or allergen(s): _____

The following medical condition(s) might affect my participation: _____

Release of Liability:

I understand that any part of the Highlands Presbyterian Camp and Retreat Center’s guided activities (Mountain Biking, Rock Climbing, Challenge Course, Guided Hike, Zip Line, Canoeing, or Archery) may be physically and/or emotionally demanding. I affirm that my health is good, and that I am not under a physician’s care for any undisclosed condition that bears upon my fitness to participate in any of the activities listed above. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I hereby consent to first aid and/or emergency medical care for treatment of injuries that I may sustain while participating in any activity associated with Highlands Presbyterian Camp and Retreat Center. I understand that by signing this, I hereby release Highlands Presbyterian Camp and Retreat Center, its owner and employees, and all individuals assisting in the instruction and conduct of the Highlands activities from any and all liability.

I understand that photographs, video and/or digital images (hereinafter “images”) may be taken of participants taking part in various activities while at Highlands. I understand that no names or personal contact information will accompany any images. I understand that these images may be used in web-site photo albums and other promotional materials and/or publications. I acknowledge below that I do consent to such images being taken and do not request compensation for their use.

I have carefully read this Release of Liability and fully understand its content.

Activities in which the participant is participating: _____

Participant Name - Please print: _____

Participant Signature: _____ **Date:** _____

Parent Name
(if participant is under 18) – Please print _____

Parent/Guardian Signature
(if participant is under 18): _____ **Date:** _____