



## RETREAT WAIVER FORM

RETREAT: \_\_\_\_\_ RETREAT DATES: \_\_\_\_\_

NAME OF PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**AGREEMENT TO PARTICIPATE:** Camping is a vigorous, energetic experience. Participants need to be physically capable of carrying out camp activities. Activities can include walking up to one mile, running and exploring along bush trails and creeks, water sports, games of strength, rigorous field and group games, climbing wall, high ropes course, zipline, using sharp craft tools, horseback riding at various gaits on the trail and in the ring, using bow and arrow, throwing axes, playground equipment, hiking in mountainous terrain, mountain boarding, lake canoeing, whitewater rafting, and travelling to and from activity sites in a vehicle. I/we, the undersigned, recognize that there are risks of injury and/or loss associated with such a camping program. Camp Caroline staff make the safety and well-being of each camp and participant a top priority, however, the possibility exists that injuries and/or loss could occur. Injuries and/or loss can range from minor cuts and abrasions to sprained joints, beestings, animal attacks, major cuts, concussions, broken bones, and even death. With many people together in close proximity it is also possible for illness to transfer from one participant to another; which can include but is not limited to colds, flu, strep throat, and chicken pox. Should a participant become sick with a highly contagious illness, he/she will be separated from other campers and sent home.

**EXPECTATIONS OF THE PARTICIPANT:** Participants are expected to listen carefully and to obey the rules given at the beginning of the camp session and at each activity session by the person(s) in charge, as well as to assist by calling attention to situations which may cause injury for oneself and other participants.

**ASSUMPTION OF RESPONSIBILITY:** I/we, the undersigned participant/parent/guardian, assume the responsibility for injuries to myself and/or my spouse and/or all children under my care while at Camp Caroline, and I/we will not bring an action against Camp Caroline for damages which arise from these injuries. I/we, the undersigned participant/parent/guardian, acknowledge that I/we have read the above paragraphs, and have completed the registration fully and truthfully. In the case of accident or illness, I/we must pay for any emergency transport and hospital/physician/medical expenses.

I/we also give Camp Caroline permission to use pictures and/or videos that may be taken of us during the camp session for promotional purposes.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_