

Camp Victory

CBM of South Alabama, Inc.

Activities Waiver and Release

Participant's Name (please print); _____
Name of Group: _____ **Date of Activity:** _____

Camp Victory strives to conduct its camping programs and activities in a safe manner and holds the safety of all participants in highest regard. In participation in the Challenge Course, climbing wall, zipline, giant swing, archery, riflery, boating and swimming activities at Camp Victory, participants must recognize that there is an inherent risk of injury associated with these activities. Camp Victory seeks to reduce these risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants. Furthermore, the Camp Victory Challenge Course and climbing wall were constructed by a professional company according to nationally recognized industry standards, are inspected by the same company, and are facilitated by trained instructors. Participation in the challenge or climbing activities is operated under Challenge by Choice (each participant chooses for him or herself the extent of participation for specific activities).

I understand that these activities may involve significant physical activity and that certain risks and dangers do exist resulting from but not limited to slips, falls, equipment failure, the hazards of being in a wilderness-type setting, the forces of nature, and other acts of God. I assume and take on myself the risks and responsibilities associated with this activity and this environment. In consideration of being permitted to participate in this activity, I release, waive, forever discharge, and covenant to hold harmless the board members, staff, and employees of Camp Victory from any and all liability, actions, cause of action, debts, claims and demands of every kind and nature whatsoever, which I now have or which may arise from, or in connection with, my participation in any activities arranged for me by Camp Victory and its staff. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators and for all members of my family.

In the event of an accident or illness, Camp Victory will make every effort to provide first aid and, is granted permission to authorize emergency medical treatment, if necessary. Further, I agree that Camp Victory assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

I have carefully read this document and understand and agree to all of the above.

Participant Signature: _____ **Date:** _____
Address: _____ **Phone:** _____

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If participant is under the age of 18, a parent or guardian must sign below.

I give my permission for (name of minor) _____ to participate in a challenge activity at Camp Victory on _____ (date).

Parent or guardian signature: _____ **Date:** _____

Phone number or contact information of Parent/Guardian: _____

Emergency contact: (Name) _____ **(Phone #)** _____

Please list any activity restrictions or participant condition(s), illness or other injury that may restrict participation of the above named participant; any allergies to medication, insects, environment, etc; any medications being taken by the participant (if none, write NONE):