



**PARTICIPANT CONSENT, RELEASE AND ASSUMPTION OF RISK**

CAMPTOWN adventure programs involve a variety of activities. Some programs may include rigorous physical activities such as backpacking, paddling, climbing, biking, whitewater rafting, swimming or hiking. These activities are designed to be within the physical, mental and emotional limits of a person in reasonably good health. The level of participation in all programs and activities is at all times completely up to the individual.

I acknowledge that my participation in backpacking, paddling, climbing, biking, whitewater rafting, swimming, hiking and/or individual and group activities of any kind entail known and unanticipated risks that could result in physical or emotional injury or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I expressly accept and assume all of the risks existing in any activity. My participation in any activity is voluntary, and I state that I elect or will elect to participate in spite of the risk.

In consideration for being allowed to participate in CAMPTOWN activities and trips, being fully aware of the nature of the risks and hazards of participation in CAMPTOWN activities including but not limited to the possibility of physical or emotional injury, death, or loss of or damage to personal property, I do knowingly and willingly release and hold harmless CAMPTOWN, INC. and its officers, agents, sponsors, volunteers, and employees and all persons associated in any way with CAMPTOWN, INC. from any claims, causes of action or liability for property damage and/or physical injury or death in connection with or during any CAMPTOWN activity. This release is made on behalf of myself and/or my minor child and my/his/her heirs, representatives, executors, administrators and assigns.

I further consent to the use of any photographs (motion or still) or any records of my likeness, or that of my minor child, which may be taken or made by CAMPTOWN representatives with the understanding that such photographs or recordings are for CAMPTOWN publicity or promotional purposes only and not for commercial distribution.

Do you have any allergies, physical or health disabilities, that would limit your participation in a CAMPTOWN activity? YES NO  
If yes, please explain \_\_\_\_\_

**By signing this document, I agree that if I or my minor child is hurt or property is damaged during participation in CAMPTOWN activities, I waive my right to bring or maintain a lawsuit or claim against CAMPTOWN. I also acknowledge that I have fully satisfied myself as to the nature of the activity or activities in which I or my minor child will be participating, the risks associated with each such activity and my responsibility to know my or my minor child's limits. I assume all these risks. In the event of illness or injury, I hereby give my consent to provide emergency medical care including hospitalization, anesthesia, surgery, injections of medication or other treatment that may become necessary.**

**I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_ Birth date: \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION  
(Must be completed for participants under the age of 18)**

I certify that I am the parent/legal guardian for \_\_\_\_\_ (print minor's name) who desires to participate in CAMPTOWN, INC activities. I affirm, under penalties for perjury, that I am my minor child's parent or legal guardian and I consent to my child's participation with CAMPTOWN. activities and that I have read the above and understand its meaning.

Signature of Parent/Guardian \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information**

If above not available in an emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_