



CAMP HENRY General Release Form under 18

Group or School Name _____ / Date(s) attending Camp Henry _____ /

Participant Name _____ / Male or Female (circle one) Birthdate _____ /

Address _____ / Phone Number _____ /

City, St, Zip _____ / E-mail _____ /

Parent/Legal Guardian _____ / Emergency Phone _____ /

Health Insurance _____ / Policy Number _____ /

I recognize that adventure courses/climbing can be a strenuous endeavor requiring my child/ward to be in good physical condition. I hereby certify that my child/ward does not suffer from any physical infirmities or illnesses which would affect the ability to engage in adventure activities and that if my child/ward is now under treatment for any of the following, I will circle the proper heading(s) and discuss them with the Camp Henry instructor prior to my child/ward engaging in the activities:

Circle Appropriate Headings

- | | | |
|--|----------------------|-------------------------|
| Cardiac or Pulmonary Condition/Disease | Migraines | High Blood Pressure |
| Fainting Spells | Diabetes | Kidney Related Diseases |
| Hearing Loss or Impairment | Shortness of Breath | Learning Disabled |
| Back or Neck Injury | Emotionally Impaired | Anxiety/Depression |
| Any Orthopedic Problems | Asthma | Insect Allergies _____ |
| Recent Injuries | ADHD | Insomnia |
| Other _____ | | Food Allergies _____ |

- I understand that during my child's participation in this adventure course or activity my child may be exposed to psychologically and physically stressful and challenging situations. I recognize that certain hazards and dangers are inherent in camp events and programs and particularly, but not limited to: swimming, boating, low ropes, high ropes courses, team courses, tower climbing, traversing wall climbing, canoeing, fishing, hiking, night hiking and campfires.
- I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity it is impossible for the program to guarantee absolute safety. Also, I understand that my child shares responsibility for his/her safety and I have instructed my child in the importance of knowing and abiding by the camp rules, regulations and procedures for the safety of the camp participants. Further, I waive any claim that may arise against Camp Henry and/or its employees as a result of participation in the program, except for those which are the direct result of the gross negligence of Camp Henry or its employees, staff or volunteers.
- I have accepted responsibility for verifying my child's personal health and medical history on top of this sheet and my child has no physical or psychological problems that would prohibit or limit my child's participation in this program. Any medicines, prescription or non-prescription, will be dispersed by authorized school/group personnel.
- Accordingly, individually or on behalf of my minor child(ren), I hereby expressly, specifically, knowingly, freely, and for valuable consideration (including, but not limited to, Camp Henry permitting us to participate in its programs and activities and stay as guests in Camp Henry's facilities subject to Camp Henry's rules, guidelines, and instructions) agree to waive, release, discharge, hold harmless, defend, and indemnify Camp Henry/Westminster Presbyterian Church and their members, board of directors, trustees, officers, employees, independent contractors and agents from and for any and all liability, damages, harm, costs, and expenses arising from or relating to my or my minor child(ren)'s presence at Camp Henry and attendance at or participation in its programs and activities, whether such liability, damages, harm, costs, or expenses occur on or off Camp Henry's premises, related to COVID-19.
- In signing this form, I give permission to Camp Henry to use photographs, videotapes, and any other media, including my child/ward to be used in camp publicity; for my child/ward to be transported for ap-

proved out-of-camp activities; for the release of medical information in case of illness; and I agree to assume all financial responsibility for any medical attention needed by my child/ward and otherwise not covered by my insurance or Medicaid coverage.

- And I/we acknowledge that there can be no absolute guarantee of safety against risk and unforeseen injury, as detailed above, and consent to the participation of the above named participant in the adventure program. I also authorize the treatment of my child/ward by licensed medical personnel in the event of any emergency. This authority is granted only after a reasonable effort has been made to reach me.
- **CAMP HENRY EQUINE LIABILITY RELEASE:** Please read the following agreement and liability release for horseback riding and or horse related activity at Camp Henry before signing: **WARNING:** Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

As a guest at Camp Henry, I, the undersigned, recognize that Camp Henry is located in a rustic setting with natural and artificial hazards (including surface and subsurface conditions). The undersigned also understands that it is the propensity of an equine to behave in ways that may result in injury, loss, or death. Equines can act unpredictably to sounds, sudden movements, unfamiliar objects, persons, or other animals. It is also understood by the undersigned that there could be a collision with another equine, animal, person, or an object while riding on Camp Henry premises.

The undersigned will be given basic riding instruction prior to riding, yet there is a potential for the participant to act or fail to act in a manner that could contribute to injury, loss, or death. I understand that by mounting a horse and by taking the reins that the rider is in primary control of the horse. The rider's safety largely depends on his/her ability to carry out simple instructions and his/her ability to remain balanced aboard the moving equine.

I/We, the undersigned, have read and do understand and agree to the foregoing agreement, warnings, waiver, and the assumption of risk. We assume the risk of injury from the above danger, and waive liability, if any, of Camp Henry/Westminster Presbyterian Church of Grand Rapids, MI and its staff and volunteers.

Parent/Legal Guardian Signature (REQUIRED)

Participant Signature