



Forest Springs Release Form

ALL PARTICIPANTS MUST READ AND SIGN THIS RELEASE OF LIABILITY FORM PRIOR TO ARRIVAL AND PARTICIPATING IN PROGRAM ACTIVITIES

Participant's Agreement to personally assume all risk and release of all claims for liability and waiver of right to sue based upon my understanding of the activities and their inherent risks.

High Risk Activities I do not wish my child to participate in: *(Please Check)*

Snowboarding Downhill Skiing

I (*participant full name*) _____ desire **Forest Springs Camp & Conference Center, Inc.**, a Wisconsin not-for-profit corporation, to permit me to participate in any of the above activities not checked.

I certify that my child is in good health, free from communicable diseases and am able to participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize secure proper treatment for and order injection, anesthesia, x-rays, or surgery for me/my child as named above.

In order to participate in the above mentioned activities, I, the undersigned, agree and acknowledge that:

- There is risk of injury, including a potential for permanent disability or death resulting from any participation in the above mentioned activities and/or from the equipment involved in participation in such activities.
- I freely assume all such risks, both known and unknown, and assume full responsibility for my participation.
- I will read and understand the rules, including all safety related rules, and agree to fully comply with the rules and safety regulations during my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Forest Springs, their officers, officials, agents and/or employees, from any and all liability for injury, disability, death, loss or damage to personal property I/my child may suffer while participating in the activities.

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in activities related to my stay and that I sign this release of liability voluntarily and without inducement.

All program activities, handling and use of program equipment must be supervised by Forest Springs Staff.

PLEASE PRINT:

Participant Name _____ Date of Birth: _____ Grade: _____

Street Address: _____

City, State, Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Participant Signature: _____ Date: _____

MINOR AGED PARTICIPANTS

Anyone under the age of 18 at the time of participation must have a parent or guardian sign below.

I certify that I am the parent or guardian of _____ with legal responsibility for the above signed participant and agree to his/her release and agree to indemnify the above named companies and individuals from all liabilities resulting from his/her participation in the above mentioned program activities for myself, my heirs, assigns and next of kin.

Parent or Guardian Signature: _____ Date: _____

This form must be completed prior to your arrival at Forest Springs.

Forest Springs reserves the right to deny any person or group participation on any High Risk Activities at any time based on equipment, weather, behavior, and medical conditions.

Please Note: Wisconsin state law requires that all medication brought to camp by a camper under 18 years of age be kept by the sponsoring organization's adult leadership in a locked unit, and to be administered by those leaders.

Please have your medication clearly labeled.