

Release of Liability Form 2019

CANDLELIGHT RANCH LIABILITY RELEASE DISCLOSURE: Candlelight Ranch (CLR) programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, and other rigorous physical adventure activities. (The level of participation in a program activity is at all times completely up to the individual's choice.) Yet there is a risk, which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death. Certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to CLR prior to participating in any activities.

PARTICIPANT INFORMATION: 1.

Name _____
Address _____ City, State, _____
Zip _____ Birth date _____ Gender _____

2. Parent/Guardian Name _____
Phone _____ Person to contact in case of
emergency _____ Relationship to participant _____

Best Emergency Contact Phone: _____ 3. Does the participant have
any limiting physical or mental disabilities or medical restrictions (temporary or permanent) that could
present a hazard to yourself or others during the duration of this program? Yes No If yes,
identify and explain:

4. Does the participant have
any allergies, reactions to medications, any other medical limitations? Yes No If yes, identify
and explain:

RELEASE OF LIABILITY: I understand that parts of the CLR program
may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a
physician's care for any undisclosed condition that bears upon my fitness to participate in CLR activities. I
understand that each participant must assume the risk of physical injury that could result from any of these
activities. I release CLR, and its staff members, from all liability for any injury to me from participation in
CLR activities. I understand that these terms shall serve as a release of liability for my heirs, executors,
administrators and for all members of my family. I have carefully read this Disclosure and Release of
Liability and fully understand its content. Please Initial Here: _____ PHOTO/MEDIA
RELEASE: I grant to CLR, and persons acting for or through them, the right to use, reproduce, assign,
and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they
may create. Please Initial Here: _____ PARENTAL WAIVER OF
CLAIMS: Participant must be of legal age (18 years), or their parent(s) or legal guardian(s) must complete
the following: I/we

_____ (p)
arents' or guardians' name(s)) give permission for the participant's name above to participate in the CLR
program and associated field trip(s). Should my/our child become injured, I/we request that the trip
leader(s) secure emergency medical services to aid my/our child, if in their judgment such services are
necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians,
I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially
able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary
will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form
and do hereby release CLR and its employees from liability for any damages, injuries, or losses, which may
occur while, said child is participating in this CLR program.

Date _____
Signature _____

Parent/Guardian Signature (if Participant is under 18)

Camp Glimmer Schedule