Lions Bear Lake Camp 3409 N. Five Lakes Road
Lapeer, MI 48446

PARTICIPANT AGREEMENT, MEDICAL RELEASE and RELEASE OF LIABILITY

Participant Name _____ (please print)

Parent/Guardian Name (if Minor): _____ (please print)

***Initial* below to indicate that you have read, understand, and agree to the section following your initials.**

Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.

_____ **I state that I am not now under the influence of any controlled substance (including alcohol), and that I will not be under the influence of any such substance when present at any activity sites or while participating in or using the Challenge Course, Climbing Structure or Adventure Based Activities.** I realize that participating in/using the Challenge Course / Climbing Structure and Adventure Based Activities while under the influence of a controlled substance would endanger others and myself. I further state that I shall not bring any controlled substance onto any activity sites.

_____ **I am aware that I might be photographed and/or videotaped during my participation**, and authorize such photographs and/or videotapes to be used by Lions Bear Lake Camp in training and/or promotional materials at any point in the future. I understand that my name will *not* be used and/or published in any way, and that I will *not* receive compensation for the use of such photographs and/or videotapes.

_____ **I give my consent to Lions Bear Lake Camp employees and to emergency medical personnel to treat me if they deem it to be medically necessary.** I authorize Lions Bear Lake Camp employees and sub-contractors to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.

_____ **I agree to accept financial responsibility for any medical expenses and/or loss of income** not covered by my Insurance Policy that results from my participation in or use of the Challenge Course, Climbing Structure and/or Adventure Based Activities. In addition, certain health/medical information will be made known to the facilitators conducting the activities/program, so that they are prepared to respond appropriately if the need arises. The health/medical information provided on the Challenge Course Health Information form will be provided to the facilitators and used on an as needed basis.

_____ **I understand that Challenge Course, Climbing Structures and Adventure Based Activities are, by their nature, physically and emotionally demanding**, and that participating in these activities may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased heart or breath rates and/or physical contact with others.

_____ **I understand that although the Lions Bear Lake Camp staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be prevented** (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc.).

_____ **I understand that my participation is voluntary and that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety**, and agree to notify a Lions Bear Lake Camp employee if I have safety concerns. I understand that Lions Bear Lake Camp practices the "Choose Your Challenge" philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

_____ **I understand that Lions Bear Lake Camp staff has the right to deny my participation** and that it is my responsibility as a participant to follow the instructions, guidelines and procedures established by the Facilitator(s)/Trainer(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s)/Trainer(s), I realize that it is my responsibility to ask for clarification and/or assistance before any participation.

_____ **I understand and assume all dangers and risks (both known and unknown) associated with my presence at any activity sites or participation in or use of the Challenge Course, Climbing Structure or Adventure Based Activities and waive, release and discharge Lions Bear Lake Camp and their agents, officers and employees from all any and all claims or causes of action arising from such presence or participation.** I do hereby release Lions Bear Lake Camp and its agents, officers, and employees from any and all liability, even if arising from the negligence of the releasees. I do hereby agree to indemnify and hold harmless Lions Bear Lake Camp and its agents, officers and employees for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of said presence or participation. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

_____ **My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.**

By signing below, I hereby participate and assume all risks; I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the Health History Form is complete and accurate to the best of my knowledge. (Please additionally complete the Health History Form prior to signing this document).

_____

PARTICIPANT SIGNATURE (Minors must sign) **DATE**

_____

PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE **RELATIONSHIP** **DATE**
(Required if Participant is under 18 years of age)