



# Release of Liability- High Ropes Course

Casowasco Camp and Retreat Center

**Warning:** There are significant elements of risk in ropes course activities (referred herein as “activity”), and the use of any equipment.

**Acknowledgement of Risks:** I recognize the fact that there is an inherent danger in this type of activity even though safety systems are provided. These risks may result in serious injury or death, and include but are not limited to: 1) Falls; 2) Risk associated with climbing or down climbing; 3) Equipment failure; 4) My/other participants’ physical coordination, sense of balance, decision making, and the ability to follow or give directions; 5) Failure on my part to disclose a medical condition and/or physical activity concern that I may have. I also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity, that personal property may be damaged or lost and that wearing appropriate clothing and footwear are basic safety precautions.

**Express Assumption of Risk and Responsibility:** In recognition of the inherent risks of the activity which I and any minor children for which I am responsible will engage in, I affirm that I am physically and mentally capable of participating in the activity and using equipment. I realize it is my responsibility to inform my facilitator of any medical conditions and/or physical activity concern I may have, and to limit my participation in any way I deem appropriate. I participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness, including death, and any expenses as a result of my negligence or the negligence of any property as the result of any accident that may occur. I assume the risk(s) of personal injury, accidents and/or illnesses, including but not limited to: sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, and abrasions; contusions, spinal injuries; animal bite and attack; insect bite or allergic reaction; shock, paralysis and/or death; and acknowledge that during the activity I may experience fatigue, chill and/or dizziness that may diminish my reaction time and increase the risk of an accident.

**Covenant of Good Faith:** I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature; medical necessities or problems in the group; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to activity objectives.

**Authorization:** I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

**Release:** In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: Casowasco Camp and Retreat Center, its principals, director, officers, agents, employees, and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability. I also agree to allow any pictures or video taken by Casowasco Camp and Retreat Center of myself to be used without compensation in any of the camp’s promotional materials.

*I have read and understand the foregoing acknowledgement of risk, assumptions risk and responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal right. My signature on this document is also intended to bind my heirs, representatives, executors, administrators, successors and assigns.*

Participant’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Legal Guardian Signature**  
(If under 18): \_\_\_\_\_ Date: \_\_\_\_\_

In case of Emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_