

Assumption of Risk and Release

Please print clearly:

Name of Participant: _____

Group Name: Dayspring UMC Date of Participation: July 27-31st

Print the names of all additional family members attending on the back of this page.

*Please initial each paragraph and then sign and complete the bottom section.

_____ I have been informed and made aware that during my stay at Camp Tyler Outdoor School, also known as Camp Tyler, certain risks and dangers may occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, team and individual sports, the forces of nature, my participation in water activities of all kinds, as well as other such activities, arranged for me by my organization and/or my group leader. We are informed and aware of these risks and dangers, and we assume them.

_____ In consideration of Camp Tyler Outdoor School providing the facilities and my willingness to have the named participant(s) engage in the above-described and other various activities, I agree to indemnify, and do hereby release and hold Camp Tyler Outdoor School, also known as Camp Tyler, its officers, directors, trustees, agents, employees and/or volunteers harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorneys fees, which I have or which may arise from physical or emotional injury, including fatality, together with any damage to Participant's property or possessions, from or in connection with Participant's stay or participation in activities at Camp Tyler which have been arranged or made available to Participant. I have the authority to grant this release on behalf of Participant. The terms hereby shall serve as a release and assumption of risk for Participant, the person executing this document on behalf of Participant, their heirs, executors, administrators and for all members of their family. In case of accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or parent or legal guardian. I hereby authorize the calling of a doctor or the providing of other necessary medical services should an emergency arise as determined by my organization director or other leader.

_____ **CTOS has permission to photograph me and/or my family for marketing purposes.**

_____ Please send me more information about Camp Tyler Outdoor School.

Authorization to Participate and Agreement with the Terms of this Form:

Participant or Responsible Party Signature: _____

Address: _____

Home: _____ Cell: _____ Email: _____

Emergency Name and Phone Number in the event the above cannot be reached:

Name: _____

Telephone: _____ Preferred hospital: _____

*Information collected on this form is for internal use only. Information will not be sold or shared with any outside organization.