

Spruce Lake Adventure Program



Retreat Center

Outdoor School

Wilderness Camp

5389 Route 447, CANADENSIS, PA 18325 PHONE: 570-595-7505 sprucelake.org

Parental Permission and Release Form

Group Name _____ Event Date _____

As parent/legal guardian of (print full name) _____ (age) _____, I hereby give permission to my son or daughter to engage in Spruce Lake Adventure Program (AP) activities, except as noted below by me. My permission is granted with the understanding that the AP's trained staff will make every effort to ensure my safety and well-being of my child. However, I understand there are inherent risks of injury associated with AP and outdoor activities (such as hiking, rappelling, belayed climbing, high and low challenge course, zipline and power swing) which, however slight the chances of occurrence, cannot be completely eliminated. These risks include but are not limited to: falls from a height, exposure to severe storms or to weather-related heat or cold, injury from falling objects and injury from collision with other people or objects during activities, and equipment failure. Furthermore, I recognize that, because Spruce Lake Retreat is in a rural location, access to local advanced emergency medical care is limited and emergency response and travel time may seem unduly long relative to urban standards. I also understand that the Spruce Lake Retreat staff cannot provide medical care for my child, with the exception of emergency first aid. I hereby acknowledge, accept, and assume all risks of injury to the above mentioned child while they are engaged in Spruce Lake AP activities.

I give permission for my child to be transported in Spruce Lake Retreat vehicles for transportation as needed. Furthermore, I authorize Spruce Lake Retreat to use photographs of my child in Spruce Lake publicity.

In consideration of my permission granted my herein name child to participate in AP activities, I hereby release and covenant with Spruce Lake Retreat that I will never, individually or as a legal guardians of said child, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by or arising out of activities sponsored by Spruce Lake Retreat and its legal representatives.

Please indicate below any limitations, conditions, or instructions you wish our AP staff to be aware of concerning your son's or daughter's participation in AP activities. (i.e. Asthma, Back Troubles, Bleeding Disorders, Heart Condition, Mobility, Pregnancy)

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Full Name _____ Relation to Child _____