



Spruce Lake Outdoor School
An educational ministry of Spruce Lake Retreat

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

Parental Permission and Release Form

As parent/legal guardian of (*student*) _____, I hereby give permission to my son or daughter to engage in all Spruce Lake Outdoor School activities except as noted below by me. I understand that historically, serious injury at Spruce Lake Outdoor School has been extremely rare, and that the Outdoor School staff will continue to make every effort to ensure the safety and well-being of my child. However, my permission is granted with the understanding that there are inherent risks of injury associated with Outdoor School classes and activities in general 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, contact with potentially harmful plants or animals, injury from falling objects and injury from collision with other people or objects during games and activities. There is also similar inherent risk of injury during participation in 'adventure' activities such as belayed climbing, challenge course, zip line, and power swing. Furthermore, I recognize that, because Spruce Lake Outdoor School 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 Outdoor School staff is limited to providing only emergency first-aid level medical care for my child. I hereby acknowledge and accept the risk of injury to my above-mentioned child while they are engaged in Outdoor School activities.

I also give permission for my child to be transported in Spruce Lake Outdoor School vehicles for transportation as needed. Furthermore, I authorize Spruce Lake Outdoor School to use photographs that may include my son or daughter in Outdoor School publicity.

I therefore release and covenant with Spruce Lake Outdoor School that I will never, individually or as legal guardian of said student, 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 Outdoor School and its legal representatives.

(Please indicate below any limitations, conditions, or instructions you wish our Outdoor School Staff to be aware of concerning your son or daughter.)

Parent/Guardian Signature _____ Date _____

Print Full Name _____ Relationship to Child _____

School Group Name _____



COVID-19 Confirmation and Release

I understand that, based on what is currently known about COVID-19, the spread of the virus is thought to occur mostly from person-to-person via respiratory droplets during close contacts and that my child’s participation with FMCA activities may involve close contact with other persons.

I/we understand that the following symptoms are representative of COVID-19: fever, cough, chills, chills/shaking, muscle pain, sore throat, headache, loss of taste/smell/ shortness of breath; and confirm that I/we, my child and those who live with my child, have not displayed or currently have any of the symptoms that are representative of COVID-19 which are outlined above, nor been exposed to a person with a confirmed or suspected case of COVID-19, nor diagnosed with COVID-19 and not yet cleared as non-contagious . _____ (Initials)

In consideration for FMCA’s provision of the programs my child will participate in, I/we on behalf of ourselves and my child hereby assume the risks regarding COVID-19 and release and forever discharge and hold harmless FMCA, its directors, officers, employees, volunteers, agents, successors and assigns from all claims, liabilities, and demands that may arise out of the camping and other related activities provided by FMCA or its agents, and agree that I/we will not, individually or as parent(s) or legal guardian(s) of my child, institute any action at law or in equity regarding COVID-19.

I agree that this Authorization shall be apply to activities that my child is registering for now and any additional activities that my child might be registered for in this calendar year.

My signature below indicates that I have read the above Authorization. I understand it and agree to be bound by its terms.

Parent / Guardian Signature: _____ Date: ____/ ____/ ____

Parent / Guardian Signature: _____ Date: ____/ ____/ ____