Spruce Lake Adventure Program

SpruceLake
Pointing People Toward Christ

Retreat Center   **Outdoor School**   **Wilderness Camp**   **Day Camp**

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

Participant Assumed Risk and Release Form

Group Name _____   **Event Date**_____

I (name) _____, agree to participate in Spruce Lake Adventure Program (AP) activities, <u>except as noted below by me</u>. With the understanding that the AP's trained staff will make every effort to ensure my safety and well-being. 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 me, with the exception of emergency first aid. I hereby acknowledge and accept the risk of injury while I am engaged in Spruce Lake AP activities.

I also agree to be transported in Spruce Lake Retreat vehicles for transportation as needed. Furthermore, I authorize Spruce Lake Retreat to use photographs of me in Spruce Lake publicity.

In consideration of my participation in AP activities, I hereby release and covenant with Spruce Lake Retreat that I will never 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 participation in AP activities. (i.e. Asthma, Back Troubles, Bleeding Disorders, Heart Condition, Mobility, Pregnancy)

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By signing my name, I am saying I am 18yrs. or older.

Participants Signature_____   **Date**_____

☐ I am under 18, age:_____

Parent/Guardian Signature _____   **Date**_____

Print Parent/Guardian Full Name_____ Relation to Child_____