



Assumption of Risk & Release Affidavit

Texas Health Department, ACA Health/Wellness Standards

Name of Event: _____ Dates: _____

Print Full Name(s) of Participant(s): _____

*With my signature below, I certify that I have been informed and made aware that during my/my child's stay at Presbyterian Camps of Gilmont, also known as Camp Gilmont, certain risks and dangers may occur. These risks include, but are not limited to: hazards that arise from being in a wilderness area, the forces of nature, and participation in activities near or in water and/or other camp activities, arranged by the camp or the group leader. To allow participation in the activities organized and conducted, Camp Gilmont wishes to make known there is inherent risk in many of the programs offered. **These activities include but are not limited to: swimming, hiking, hay rides, boating, athletics and, Challenge Course/Zip Line** The low ropes section of the Challenge Course involves supervised participation in the elements, including wooden platforms, boards, wires or other objects that may be 1 to 20 feet off the ground, or high elements such as the Zip Line, which may be 30 or more feet off the ground. These elements require group participation, and participants must use safety harnesses, helmets, and a rope belay system that is attached to the instructor.*

Mountain Biking The mountain biking program involves supervised participation outdoors, on trails in wooded areas, steep and rocky areas, and open field areas. Helmets are required to ensure safety.

Archery The archery program involves supervised participation outdoors in an open field.

The signature on this document shall serve as permission for participation, and the release and assumption of risk. In consideration of my willingness to engage/allow my child to engage in any above described or various other activities, I, the undersigned assume ordinary risks involved due to the nature of the activities and do hereby hold Presbyterian Camps at Gilmont, Inc., also known as Camp Gilmont, its officers, directors, agents, employees and 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 may arise from emotional or physical injury, including fatality, from or in connection with my/my child's stay, or participation in activities at Camp Gilmont. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators and for all members of me/my child's 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 have listed on the Permission to Treat Form for Minors or the Health and Emergency Information Form for Adults, any medical condition that Camp Gilmont should be aware of which may hinder my/my child's participation in the program(s). However, I understand that it is solely my responsibility to determine whether there is any medical reason that I/my child should not participate in the program(s). I also state that I am not under, and will not be under, the influence of any chemical substance, including alcohol. Further, I understand that I am responsible for cost incurred for transportation home in the event of illness, discipline problem, or failure to adhere to camp procedures.

PHOTOGRAPHIC OPT OUT. We love to share pictures and video of activities at Gilmont. But we must give you an choice to opt out:

_____ Initial here if you **DO NOT** permit photos/video of you/your child (Gilmont staff will not use names in publicity).

Signature / Parent Guardian Signature

Date

Email: _____