



# **RING HOMESTEAD CAMP Inc.**

## **Outdoor Adventure Activities**

### **ASSUMPTION OF RISK/RELEASE OF LIABILITY/INFORMED CONSENT**

I UNDERSTAND THAT PARTS OF **RING HOMESTEAD CAMP INC.** PROGRAM MAY BE PHYSICALLY/EMOTIONALLY DEMANDING. I AFFIRM THAT MY HEALTH IS GOOD, AND THAT I AM NOT UNDER A PHYSICIAN'S CARE FOR ANY UNDISCLOSED CONDITION THAT BEARS UPON MY FITNESS TO PARTICIPATE IN **RING HOMESTEAD CAMP INC.** ACTIVITIES. I UNDERSTAND THAT THE LEVEL OF PARTICIPATION IN **RING HOMESTEAD CAMP INC.** IS AT ALL TIMES COMPLETELY VOLUNTARY AND UP TO THE INDIVIDUAL'S CHOICE. I ALSO RECOGNIZE THE INHERENT RISK OF INJURY OR DISABILITY AND/OR DEATH IN **RING HOMESTEAD CAMP INC.** ACTIVITIES AND UNDERSTAND THAT EACH PARTICIPANT MUST ASSUME THE RISK OF INJURY THAT COULD RESULT FROM ANY OF THE ACTIVITIES. I RELEASE **RING HOMESTEAD CAMP INC.** AND ITS STAFF MEMBERS, PRINCIPALS, AND BOARD FROM ALL LIABILITY FOR ANY INJURY TO ME FROM PARTICIPATING IN **RING HOMESTEAD CAMP INC.** ACTIVITIES.

DATE \_\_\_\_\_

PARTICIPANT NAME (*Please Print*)

PARTICIPANT SIGNATURE\*

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I \_\_\_\_\_ am \_\_\_\_\_ for \_\_\_\_\_. I have been granted permission by the children's parents to sign this waiver on their behalf.

\*PARENT OR GUARDIAN'S SIGNATURE (IF PARTICIPANT IS UNDER 18 YEARS OLD)

