**PERMISSION #1 of 3**

**NORTHERN ILLINOIS CAMP ASSOCIATION  
CAMP SHAW-WAW-NAS-SEE**

I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in all camp activities. I have taken time to

Your child’s name (please print)

familiarize myself with Camp Shaw-Waw-Nas-See programming and understand that there are potential hazards and dangers in the camp activities. I acknowledge that although Camp Shaw-Waw-Nas-See has taken safety measures to minimize the risk of injury to camp participants, Camp Shaw-Waw-Nas-See cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents or injuries. I give my son/daughter permission to participate freely in all camp activities that may include off camp trips, movie night, challenge course activities, horseback riding and waterfront activities. In addition, I understand that my son/daughter’s photograph may be used in marketing efforts to help further the mission of Camp Shaw-Waw-Nas-See.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If there is any part of this agreement that you would rather your child not participate in please list below:***

**PERMISSION #2 of 3**

**PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK**

**ZIP LINE AND CHALLENGE COURSE**

In consideration of the services of Camp Shaw-waw-nas-see, and their agents, owners, officers, volunteers, participants, employees and all other persons or entitles acting in any capacity on their behalf (hereinafter collectively referred to as “NICA”), I hereby agree to release, indemnify, and discharge NICA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I acknowledge that zipline and other activities, offered at Camp Shaw have unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** acts of other participants in this activity, adverse weather conditions;contact with plants, insects, or animals; my own physical condition or my own acts or omissions; first-aid, emergency treatment or other services rendered; consumption of food and drink.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless NICA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity of my use of NICA’S equipment or facilities, **including any such Claims which allege negligent acts or omissions of NICA.**

Should NICA or anyone acting on their behalf, be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such conditions.

In the event that I file a lawsuit against NICA, I agree to do so solely in the state of Illinois, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against NICA on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION**

**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print minor’s name) (“Minor”) being permitted by NICA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless NICA from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION #3 of 3**

**“Adventure Tree” - Tree Climbing Course**

**Participant Agreement, Release of Liability and Photo Release**

In consideration of the services of Adventure Tree, its agents, owners, officers, volunteers, participants, employees, the owners of any trees or property used by Adventure Tree, and all other persons, entities, or venues acting in any capacity on behalf of Adventure Tree (hereinafter collectively referred to as “Adventure Tree and Partners”), I hereby agree to release, indemnify and discharge Adventure Tree and Partners, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my participation in tree climbing entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. The risks include, among other things: the hazards of walking on uneven terrain and slips and falls; being struck by objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning and rapid weather changes; the risks of falling out of the tree; the risks of exposure to insect bites; the risk of cold and heat including hypothermia and hyperthermia; my own physical condition, and the physical exertion associated with this activity. Adventure Tree and Partners relies upon information provided by participants to determine their physical readiness to engage in recreational tree climbing.
3. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Adventure Tree and Partners from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Adventure Tree and Partners's equipment or facilities, including any such claims which allege negligent acts or omissions of Adventure Tree and Partners.
5. Should Adventure Tree and Partners, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
6. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
7. In the event that I file a lawsuit against Adventure Tree and Partners, I agree to do so solely in the state of Missouri, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**Optional Photo Release – Please circle NO if you do not agree.**

I agree that you may photograph me while I am participating in any and all tree climbing activities and that you may use the photos an unlimited number of times for unlimited different uses. I further agree that you may use and license other to use my name and photos and any biographical material concerning me which I may provide, in any and all media and in the promotion, advertising, publicizing and exploitation of this tree climbing activity.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Adventure Tree and Partners on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Name of participants (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of participant or parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_