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:
In consideration of the services of Camp Shaw-waw-nas-see, and their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as “Camp”), I hereby agree to release, indemnify, and discharge Camp, 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 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 Camp 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 Camp’S equipment or facilities, including any such Claims which allege negligent acts or omissions of Camp.

Should Camp 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 Camp, 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 Camp 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 Camp to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Camp 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: __________________________