

The Salvation Army Echo Grove Camp & Retreat Center  
**Individual Participant Assumption of Risk and Waiver Agreement**

LAKELAND PLAYERS THEATRE ARTS CAMP

\_\_\_\_\_  
Print Participant Name

\_\_\_\_\_  
Print Name of Group/TSA Corps

AUGUST 5 - 8, 2016

\_\_\_\_\_  
Parent/Guardian Name if participant under 18 years of age

DATED: \_\_\_\_\_  
Month Day Year

Participation at Echo Grove Camp & Retreat Center may involve a variety of high adventure activities, including but not limited to the activities of hiking, warm-ups, games, group initiatives, low and high ropes course climbing elements, target practice, team competitions, aquatic activities, winter tubing/sledding, possibly other rigorous physical adventure activities.

I understand that I will be participating in activities that involve periods of physical exertion, balancing, heights, lifting, paddling, swimming, pushing, pulling, sliding, climbing, target shooting, marking, and exposure to paint ball pellets. I know most activities will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals, and possible exposure to extreme or inclement weather.

I understand that there is risk of bodily and/or psychological injury, including a potential for permanent disability or death, resulting from any participation in the programs and/or from the equipment involved in my participation. I understand that the risks also include loss or damage to personal property. I freely assume all such risks, both known and unknown, and assume full responsibility for my participation. I understand that I will be thoroughly informed of the rules of participation, including all safety related rules, and agree to fully comply with them during my participation.

I understand that all possible precautions are taken to insure that all programs and activities sponsored by Echo Grove Camp & Retreat Center are conducted by mature and qualified personnel in a safe and responsible manner.

I understand that my participation in programs offered by Echo Grove Camp & Retreat Center is based on the Participation is Voluntary philosophy. At all times I will choose my level of participation in any activity. I agree to exercise good personal judgment, to ask for help if concerned about my safety, and to be responsible for deciding if a proposed activity is appropriate for me.

I have informed the Echo Grove Camp & Retreat Center of any physical, mental, or medical condition that might affect my ability to participate or affect other members in my group. I realize that failure to provide such information could result in serious harm to myself, my child or others. I also state that I am not under the influence of any chemical substance, including alcohol.

I certify that I am physically fit, and do not suffer from any injury, defect, ailment, illness or the like which could conceivably lead to injury or death from participation at Echo Grove Camp & Retreat Center.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin shall indemnify, defend and hold harmless The Salvation Army, an Illinois Corporation, its officers, employees, agents, and associates and Echo Grove Camp & Retreat Center, its employees, agents, and associates, for accidents, injury, death, loss or damage to property that might occur during participation at Echo Grove Camp & Retreat Center.

By signing this waiver I indicate that I have read and understand all materials outlining the program participation for myself, including this waiver and agree to abide by these terms. I am aware that this is a waiver and a release of liability, and I sign it voluntarily.

This Participant Assumption of Risk and Waiver Agreement shall continue until revoked by the undersigned, or for twelve (12) months after its date, whichever is earlier.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian if under 18 years old.

I represent that I am the parent or legal guardian, that I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further express that I have read (or have had read to me) and understand the terms of this agreement.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cell Phone