



Challenge Ropes Course & Climbing Wall Release Form

Assumption of Risks and Release Form: Camp Longridge Inc. requires all participants (or participant's parent or guardian if under 18) to sign this Agreement to Participate, Assumption of Risk, and Release Form in order to be eligible to participate in the Program. The undersigned acknowledges an understanding of the following:

1. The Challenge Course includes a variety of activities including warm-ups, games, group initiatives, challenge course elements, and other activities.
2. The level of participation in the Challenge Course Program is voluntary. No participant is required to do anything that he or she does not want to do.
3. Safety is the top priority of Longridge. The staff facilitating the ropes challenge course has been properly trained for the safe use of all equipment.
4. No individual will be allowed to participate in the ropes challenge course activities if this form is not signed. However, even if it is signed, participation is strictly voluntary.
5. Participation is limited to students ages 10 and up.

****Please note that Camp Longridge Inc. cannot make a medical determination regarding a person's physical fitness to participate in challenge course activities. Only the participant and the participant's parents/guardian, or participant's physician can do that.*

I understand that the Camp Longridge Challenge Course program may be physically and emotionally demanding. I recognize and accept the risks involved in Camp Longridge Inc. program. In consideration of the above, I have and do hereby assume all of the risks of participation in the Challenge Course and will hold Camp Longridge Inc., its employees, agents, trustees, officers, and affiliates harmless from any and all liability, which may arise from or in connection with my/my child's participation in Camp Longridge Challenge Course.

Participation in Camp Longridge's Challenge Course is entirely voluntary. Written on the back of this form is any physical, mental, or psychological issue the participant may be experiencing and which could have an impact on his/her well being during the Challenge Course activities. I give permission to the adult sponsors for my child's group (if under 18) to discuss in confidence with the Challenge Course Facilitator these issues and to provide information which might have a bearing on his/her suitability with regard to the activities. I understand that this information is confidential and will only be discussed in private if completely necessary.

Name of Participant (Please Print)

Signature of Participant (or Parent/Guardian if under 18)

Date

Participant Date of Birth