



Our Mission...

Through this unique mountain environment to encourage and challenge campers to become fully devoted followers of Christ by making decisions to follow Christ, rededicating their lives to Christ, and being called into full-time ministry.

Release of Liability

Warning: There are significant elements of risk in ropes course activities (referred to herein as "activity") and the use of any equipment.

Acknowledgment of risks: I recognize the fact that there is an inherent danger in this type of activity even though safety systems are provided. These risks may result in serious injury or death and include but are not limited to: 1) Falls; 2) Risks associated with climbing or down-climbing; 3) Equipment failure; 4) My/other participants' physical coordination, sense of balance, decision making, and the ability to follow or give directions; 5) Failure on my part to disclose a medical condition and/or physical activity concern that I may have. I also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity, that personal property may be damaged or lost, and that wearing appropriate clothing and footwear are basic safety precautions.

Express Assumption of Risk and Responsibility: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible will engage in, I affirm that I am physically and mentally capable of participating in the activity and using equipment. I realize it is my responsibility to inform my facilitator of any medical conditions and/or physical activity concerns I may have and to limit my participation in any way I deem appropriate. I participate willingly and involuntarily, and I assume full responsibility for personal injury, accident, or illness, including death, and any expenses as a result of my negligence of any property as the result of any accident that may occur. I assure the risk(s) of personal injury, accidents, and/or illnesses, including but not limited to: sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts; wounds; scrapes, and abrasions; contusion; spinal injuries, insect bite or allergic reaction; shock, paralysis and/or death and acknowledge that during the activity I may experience fatigue, chill and/or dizziness that may diminish my reaction time and increase the risk of an accident.

Covenant of Good Faith: I recognize that you, as the provider of services, will operate under a covenant of good faith and fair dealing but that you may find it necessary to terminate an activity due to forces of nature; medical necessities, or problems in the group; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to activity objectives.

Authorization: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

Release: In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representative or assigns, do hereby release Camp Como, its principals, director, officers, agents, employees, and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property any activity is conducted, from all liability. I also agree to allow any picture or video taken by Camp Como of myself to be used without compensation in any of the camp's promotional materials.

I have read and understand the foregoing acknowledgment of risk, assumptions of risk and responsibility, and release of liability. I understand that by signing this form, I may be waiving valuable legal rights. My signature on this document is also intended to bind my heirs, representatives, executors, administrators, successors, and assigns.

Participant's Name: _____ **Age:** _____ **Home Phone:** _____

Participant's Signature: _____ **Date:** _____

Parent/Legal Guardian Signature (if under 18) : _____ **Date:** _____

In case of emergency, notify: _____ **Phone:** _____