

Switzer/KSU Agriculture Camp - RELEASE OF LIABILITY and MEDICAL RELEASE FORM

Participant Name: _____

The initial below indicates that you have read, understood, and agree to the section following your initials.

Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section, indicating that both the Minor and the Parent/Guardian/Legal Representative agree.

_____ I understand that although the **Nicodemus Educational Camp staff will make every reasonable effort to minimize exposure to known risks**, not all dangers and hazards can be foreseen (i.e., cuts, bruises, scrapes, fractures, fatalities, etc.). I am aware that certain risks and dangers exist in activities beyond the control of Nicodemus Educational Camp and its employees and volunteers.

_____ I understand **that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety**. I agree to notify a Nicodemus Educational Camp employee or volunteer if I have safety concerns. If I participate in any activities physically, I voluntarily assume all risks associated with such participation.

_____ I understand that the Nicodemus Educational **Camp staff has the right to deny my participation** and that it is my responsibility as a Participant to follow the safety guidelines and procedures established by the Facilitator(s).

_____ I state **that I am not now under the influence of any chemical substance, including alcohol**, and will not be under any substance when participating in the Nicodemus Educational Camp program. However, I realize that participating in these physical activities while under the influence of any substance would endanger others and myself.

_____ I am aware that I might be **photographed and/or videotaped** during my participation and authorize such photographs and/or videotapes to be used by Nicodemus Educational Camp in training or promotional materials at any point in the future. I understand that my name will not be used and/or published in any way.

_____ **I consent to Nicodemus Educational Camp employees, volunteers, and emergency medical personnel to treat me if they deem it medically necessary**. I authorize the Nicodemus Educational Camp staff and volunteers to secure medical advice and services for my health or well-being. During my participation, I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury.

_____ I agree to accept financial responsibility for any medical expenses.

_____ **I do hereby release Nicodemus Educational Camp and their agents, officers, and employees from any liability, and agree to indemnify and hold Nicodemus Educational Camp harmless for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of participating in the Nicodemus Educational Camp program**. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

_____ My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin, and assigns on my behalf.

_____ I agree to allow my child to learn to ride and ride horses and hold harmless the Wallace Clark Family and Ranch.

_____ I agree to allow my child to participate in the Water Field Day activities.

_____ I agree to allow my child to participate in the swimming activities.

My child knows how to swim _____ **YES** _____ **NO**

By signing below, I agree that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the Health History Form is complete and accurate to the best of my knowledge. (Please complete the Health History Form on the other side before signing this document).

PARTICIPANT SIGNATURE (Minors must sign)

DATE

PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE RELATIONSHIP DATE
(Required if Participant is 17 Years of Age or Younger) AND DATE

CAMP ADMINISTRATION SIGNATURE

DATE

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