

Camp Gilmont Summer Camp
ASSUMPTION OF RISK

GROUP NAME Camp Gilmont Summer Camp

NAME OF PARTICIPANT: _____

We (parents and student) have been informed and made aware that during my stay at Presbyterian Camps at Gilmont, also known as "Camp Gilmont", certain risks and dangers may occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, team and individual sports, the forces of nature, my participation in activities near water, as well as other such activities, arranged for me by my organization and/or my group leader. We are informed and aware of these risks and dangers, and we assume them.

In consideration of Presbyterian Camps at Gilmont, Inc. providing the facilities, and my willingness to engage in the above described and other various activities, I have and do hereby hold Presbyterian Camps at Gilmont, Inc. also known as "Camp Gilmont", its officers, directors, trustees, agents, employees and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorneys fees, which I have now or which may arise from physical or emotional injury, including fatality, from or in connection with my stay or participation in activities at Camp Gilmont which have been arranged for me by my organization or my group leader. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators and for all members of my family.

In case of an accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or parent or legal guardian. I hereby authorize the calling of a doctor or the providing of other necessary medical service should an emergency arise as determined by my organization director or other leader.

_____ Age of Student ____ D.O.B. _____ Date _____

Signature of Parent or Legal Guardian

Home Telephone _____ Work Telephone _____

Emergency Name and Phone Number in the event the above cannot be successfully reached

Name _____ Telephone _____

Relationship to Student _____

Publicity:

I hereby grant my permission to Camp Gilmont for my child's picture to be used by newspapers, television stations, publications and web pages. I understand that no information other than his/her picture name, school and teacher will be released to any other source without my further permission.

_____ Date _____

Signature of Parent or Legal Guardian