



# Forest Springs Family Camp Guest Release Form

## ALL GUESTS OF FAMILY CAMPERS MUST READ AND SIGN THIS RELEASE OF LIABILITY FORM PRIOR TO ARRIVAL AND PARTICIPATING IN PROGRAM ACTIVITIES

Participant's Agreement is to personally assume all risk and release of all claims for liability and waiver of right to sue based upon my understanding of the activities and their inherent risks.

**Family Campers:** We understand that you will be bringing a guest, under age 18, with you who is not a member of your immediate family. Please have this release form completed and signed by the child's Parent or Guardian.

**Bring this form with you on registration day.**

**MINOR AGED PARTICIPANTS:** *Anyone under the age of 18 at the time of participation must have a parent or guardian sign below.*

I certify that I am the parent or guardian of \_\_\_\_\_ with legal responsibility for the participant listed below and agree to his/her release to **(Family Campers Name):** \_\_\_\_\_

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Forest Springs, their officers, officials, agents and/or employees, from any and all liability for injury, disability, death, loss or damage to personal property I/my child may suffer while participating in the activities.

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in activities related to my child's stay and that I sign this release of liability voluntarily and without inducement.

Participant Name (Please Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### High Risk Activities I do not wish my child to participate in: *(Please Check)*

- High Ropes Course
- Paintball
- Trap Shooting
- Snowboarding
- Downhill Skiing

I *(full name)* \_\_\_\_\_ desire **Forest Springs Camp & Conference Center, Inc.**, a Wisconsin not-for-profit corporation, to permit my child to participate in any of the above activities not checked.

I certify that my child is in good health, free from communicable diseases and is able to participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize secure proper treatment for and order injection, anesthesia, x-rays, or surgery for my child as named above.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In order to participate in the above mentioned activities, I, the undersigned, agree to assume responsibility for my guest and acknowledge that:

- There is risk of injury, including a potential for permanent disability or death resulting from any participation in the above mentioned activities and/or from the equipment involved in participation in such activities.
- I freely assume all such risks, both known and unknown, and assume full responsibility for my guest's participation.
- I will read and understand the rules, including all safety related rules, and agree to fully comply with the rules and safety regulations during my guest's participation.

Family Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All program activities, handling and use of program equipment must be supervised by Forest Springs Staff.**

**This form must be completed prior to your arrival at Forest Springs.**  
**Forest Springs reserves the right to deny any person or group participation on any High Risk Activities at any time based on equipment, weather, behavior, and medical conditions.**