



# Adventure Camp Informed Consent

**Please mail completed form to Rawhide at least one week prior to departure.** Agreement to personally assume all risk and release of all claims for liability and waiver of right to sue based upon my understanding of this activity and its inherent risks.

I (full name) \_\_\_\_\_ of (city and state) \_\_\_\_\_  
having the date of birth of \_\_\_\_/\_\_\_\_/\_\_\_\_ desire Rawhide, Inc., a Wisconsin not for profit corporation,  
to permit me to participate in the following described activity. (check the box or boxes that describe your activity)

Canoeing       Climbing Wall       High Ropes Course

## **Risks**

I am aware that the above mentioned and related activities are inherently dangerous. I understand that they are strenuous activities that can result in physical and health complications. Other risks include bodily injury and death arising out of accidents due to things such as, but not limited to, the forces of nature, dangers inherent to lake and river activities, dangers from falling rocks, insect bites, snakebites, and other injuries due to encounters with animals. I am aware that a mistake by another camper could result in injury to myself. I am also aware that other campers may be beginners with very little or no experience.

## **Insurance**

I understand that all activities, outings or expeditions sponsored by Rawhide, Inc. and Camp Forest Springs (CFS) are not covered by any form of health insurance. Whenever I participate in such activities, regardless of where they are held, type or duration, that I do so at my own risk and of my own free will. I am aware that I am responsible for paying all my own medical expenses and related costs for any injuries that may occur. In the event of professional rescue needed, the rescuer will bill the rescued person(s) for costs incurred in the rescue. I hereby am advised to review my health insurance policies to determine for myself whether there may be any exceptions for this trip.

## **Permission and informed consent**

In consideration for permission from Rawhide, Inc. and Camp Forest Springs to participate, I hereby expressly consent to the exposure to all the dangers, hazards and risks of this and related activities. I release, promise and agree not to sue Rawhide, Inc. or CFS, its officers, its directors, employees, or volunteers as a result of any claims or demands that I might otherwise have resulting from any type of cause of action or personal injury or property damage of any type, including death, which may arise from my participation in this trip sponsored by Rawhide, Inc. Further, I hereby indemnify and agree to hold Rawhide, Inc. and CFS, its directors, officers, employees and volunteers harmless from any and all liability actions, causes of action, claims, and demands of every kind, including natural hazards and dangers whatsoever, as well as costs and attorney fees, resulting from my actions and activities (whether negligent, reckless, intentional or otherwise), associated with my participation in this trip sponsored by Rawhide, Inc.

## **Responsibilities and conditions**

I further acknowledge that my failure to adhere to safety rules established by group leaders may result in being asked to discontinue participation in the trip and its related activities. If I am barred from further participation in the activities, or if I voluntarily refrain from participation, or if I leave the trip, I am responsible for all expenses incurred and I have no claim for any refunds from Rawhide, Inc., its officers, directors, employees or volunteers.

*(The signatures below must be of the individual named above and of his parent/guardian if participant is a minor)*

**I hereby acknowledge that I have personally read this document in its entirety, that I understand it and agree to all the terms, conditions and limitations stated. I also am signing this Informed Consent form of my own free will.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If minor (under age 18 through the dates of the trip), as parent or guardian of the participating individual, I hereby acknowledge that I have read this document in its entirety, that I understand and am signing it of my own free will and give up any claims I may have as a parent/guardian, and I also give up all rights as set forth on this form for this child.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_