

# Beartooth Christian Camp

130 Trinity Trail, Fishtail MT 59028

Beartoothchristiancamp.org

Phone: 406-328-6825

## Activity Waiver

### All participants must read this release of liability form prior to signing and participating in program activities

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

I (full name) \_\_\_\_\_ desire Beartooth Christian Camp, a Montana not for profit corporation, to permit me to participate in the following described activities: general activities, climbing wall, paintball, horseback riding, swimming, zipline and volunteer work.

In order to participate in the above-mentioned activities, I, the undersigned, agree to 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 participation.

I will read and understand fully the rules of play, including all safety rules, and agree to fully comply with the rules and safety regulations during my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Beartooth Christian Camp, their officers, officials, agents and or employees, from any and all liability for injury, disability, death, loss or damage to personal property.

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in the above-mentioned activities and that I sign the release of liability voluntarily and without inducement.

I certify that I am able to take full and active part in the programs at Beartooth Christian Camp.

I further authorize Beartooth Christian Camp to administer necessary medical treatment in case of accident or illness which occurs with a camper.

All program activities, handling, and use of program equipment must be supervised by Beartooth Christian Camp Staff

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

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

City, State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Insurance Carrier/Number: \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Would you like to be added to the Beartooth Christian Camp mailing list? \_\_\_ Yes \_\_\_ No

### Minor aged Participants

All guests under the age of 18 at the time of participation must have a parent or legal guardian sign below.

I certify that I am the parent or guardian of \_\_\_\_\_ with legal responsibility for the above signed participant and agree to his/her release and agree to indemnify the above-named companies and individuals from all liabilities resulting from his/her participation in the above-mentioned program activities for myself, my heirs, assigns, and next of kin.

Parent or Guardian Signature: (If camper is under 18): \_\_\_\_\_ Date: \_\_\_\_\_