



Five Pines Ministries

6597 Smith Rd., Berrien Center, MI 49102 • (269) 471-1396
FAX: (269) 471-7563

ASSUMPTION OF RISK & RELEASE FORM

Whereas, the undersigned Participant wishes to be accepted in a Maximum Adventure Experience program conducted by Five Pines Ministries, and in consideration of Five Pines Ministry allowing the Participant in such program:

The undersigned (parent/guardian for those under age 18) acknowledges that during said activities that the Participant is asked to participate in, certain risks and dangers may occur. These include, but are not limited to the hazards of depending on other people, depending on ropes and other types of climbing equipment and being at various heights (ground to 30'). The undersigned further recognizes risks may also include loss or damage to personal property, physical or psychological damage or injury including death due to accidents which may occur, including accidents resulting from this challenge course experience or other type of outdoor activities. I further understand that in participating in the activities requested of me, (or the participant), I (the participant) will be exposed to the elements of nature, including temperature extremes, and inclement weather.

In consideration of the right to participate, I do hereby (or on behalf of my minor child) assume all the above risks and any other ordinary risk incidental to the nature of the program, including risks which are not specifically foreseeable, and will hold Five Pines Ministries, its staff and administration and those of the sponsoring organization harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have (or participant has) or which may arise from or in connection with my (participant's) program. The terms hereof and my signature on this document shall serve as a release and assumption of risk, and shall bind my heirs, representatives, executors and administrators, successors and assigns and for all members of my (or participant's) family, including any minors accompanying me. I also state that I (or Participant) am not under the influence of any chemical substance including alcohol. I fully understand that any physical activity involves risks of injury. I understand that failure to follow directions given by the Five Pines staff completely may result in injury. I also understand that my (or participant's) participation in the Five Pines Ministries program is entirely voluntary and that I (or participant) may excuse myself (himself/herself) from participation at any time, if I so desire.

I hereby give permission to the medical personnel selected by the event director to order x-rays, routine tests, and treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure treatment, and order injections and/or anesthesia and/or surgery for my child as named on the application. This form may be copied for camp use.

I hereby give permission for photos/ videos of participation to be included for promotional purposes.

Participant's full name: _____

Mailing address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ e-mail: _____ @ _____

Grade: _____ Age: _____ Birthdate: ___ / ___ / _____ M F (circle one)

Health concerns staff should be aware of (recent surgery, broken bones, joint pain, pregnancy, epilepsy, diabetes, heart conditions:) _____

Student signature: _____

Parents/legal guardian Signature (If under 18): _____

Parent/Legal guardian Printed Signature: _____ Date: ___ / ___ / _____