



# Five Pines Ministries

6597 Smith Rd., Berrien Center, MI 49102 • 269-471-1396

## ASSUMPTION OF RISK & RELEASE FORM

All persons participating in Five Pines adventure program, including climbing tower, MAX course, "Tall Tree" climbing, team-building initiatives, and low ropes activities, are obligated to read, understand and agree to these policies. In the case of minor participants, a parent or legal guardian must agree and sign below.

The participant acknowledges each of these activities involve dangers and risks, both anticipated and unanticipated. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss and damage to equipment, clothing, and footwear, and accidental injury, illness, or in extreme cases, permanent trauma or death.

Risks 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 55'). Participant also understands that participating in the activities requested, they may be exposed to the elements of nature, including temperature extremes, and inclement weather. Proper attire, including closed-toe shoes, is required.

Participant certifies and acknowledges that they are of the physical, emotional and mental capability necessary for participation in these activities. Participant also understands that all adventure activities at Five Pines are under the philosophy of "Your Challenge, Your Choice." Participants may be encouraged by Five Pines staff and/or fellow participants to accept various challenges, but maintain the right to decline any activity or continuation of any activity for reason of physical, emotional or mental safety.

All participants will be required to use safety equipment, including harnesses and helmets, provided by Five Pines. Any personally provided equipment must be inspected by staff and meet safety standards equivalent to Five Pines'. It must not show wear or deterioration that could make such equipment unsafe. All activities above six feet will require the use of a helmet designed specifically for climbing activities.

**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 hereby give permission to the medical personnel selected by the event director to order x-rays, routine tests, and treatment participant. In the event parent or guardian 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/audio of participation to be utilized 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:) \_\_\_\_\_

Participant signature: \_\_\_\_\_

Parents/legal guardian Signature (If under 18): \_\_\_\_\_

Parent/Legal guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

*(for public climbing dates, this form must be accompanied by photocopy of license or ID for parent or guardian signatories)*