

Elkhorn Valley Adventures Participation Agreement

print participant name

print name of group

Instructions: Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual will not be permitted to participate in the program.

I understand that my participation in the programs offered by Elkhorn Valley Adventures at Elkhorn Valley Christian Service Camp is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential and engaging teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in all activities.

I understand the employees of the Elkhorn Valley Adventures have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes courses, low team challenge courses, ground initiatives and other activities in the program for which myself and/or my child have enrolled, entail certain risks. I elect to participate in spite of these risks.

Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release Elkhorn Valley Adventures and Elkhorn Valley Christian Service Camp, Inc. and its members, trustees, officers, employees, independent contractors, and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily or psychological injury, loss of life, or personal property that may occur as a result of participating in this program.

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

EVCSA provides a Secondary insurance policy for all program participants. The Parent/Guardian/Institution insurance policy will be used as the Primary coverage. Our insurance company will pay to the stated policy limit, any covered costs incurred while providing medical attention that are not paid by your, your spouse's, parent's, or legal guardian's insurance, or by any other policy providing coverage to the participant.

I grant Elkhorn Valley Adventures, and persons acting through them, the right to reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.

signature of participant

age

date

signature of parent / guardian (if participant is under 18)

address

city

state

zip code

phone number

Person to be contacted in case of emergency:

Name: _____

Home Phone: _____

Business Phone: _____

Health/medical information will remain confidential, but must be made known to the instructors conducting the programs, so that they may be prepared to respond appropriately if the need arises. All information will be held in confidence. Please list below any and all limiting physical disabilities or conditions (i.e. heart conditions, pregnancy, etc), handicaps, current medications, allergies, reactions, or other physical limitations.

