

AGREEMENT TO PARTICIPATE

Camp High Rocks, Inc.
PO Box 210, Cedar Mtn., NC 28718
828-885-2153 FAX 828-884-4612

Participant Agreements and Representations

I am aware of the types of activities that I will be participating in during my attendance at Camp High Rocks. I have been given ample opportunity to ask any questions which I may have about the environment in which I will be living and the activities in which I will participate. I am aware that participation in such activities exposes me to many risks of injury. I am aware of the dangers which are inherent in the operation of any outdoor program and in the participation in all camp activities on or off the premises of said camp including, but not limited to; swimming, hiking, backpacking, athletics, including bodily contact, use of tools and equipment in manual arts, arts and crafts, work projects and other programs, tubing, creek hiking, biking, sailing, rock climbing, rappelling, high ropes course, initiatives course, canoeing, kayaking, fishing, orienteering, horseback riding, camping out, outdoor living skills, and vehicular travel. **Participation in these activities is not a requirement. I have freely chosen to participate. I hereby assume the risks associated with these activities.**

Because of the potential dangers inherent in participating in the activities of any children's camp, I agree to follow the rules and safety procedures established at Camp High Rocks, and to obey High Rocks staff supervising these activities. The entire responsibility for safety is not the leaders'. I too, have a responsibility. For my own safe participation, and that of my fellow participants, I must call to the attention of the leader any situation, which I perceive to be a potential danger to fellow participants or myself. This would include but is not limited to: equipment that has broken or is in need of repair, when I am not feeling well or am unduly fatigued, or when I have unusual difficulty in performing a skill.

I understand that this activity may subject me to rigorous physical exertion. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. At any time, I have the right to participate in or to discontinue my participation in a specific activity with which I am not comfortable.

A: _____
Signature of Participant Printed Name Date

Parent's Concurrence and Consent

I am the parent or legal guardian of the participant whose signature appears above. I have had the opportunity to discuss the foregoing with my child/ward. He/she understands each paragraph above. I concur in my child's representations and agreements therein, and I consent to his/her participation in the activities described above or in the predetermined proposal given to our group/school.

We also grant permission to use photographs and electronic images that include our child for camp advertising and on the High Rocks website. It will not include names. (Please cross out this phrase if not granted).

B: _____
Signature of Parent or Guardian Printed Name Date

Release and Hold Harmless Agreement

This is a legal release of liability. Read carefully before signing.

In consideration of and as part of payment for the opportunity for my son or daughter to participate in this program, I have and do hereby release and will hold harmless Camp High Rocks, Inc. and all of its officers, employees and agents, from any and all liability for any injury, illness, death, or loss of or damage to property which my son or daughter may suffer while participating in the program.

C: _____
Signature of Parent of Guardian Printed Name Date

Medical Release

In the event reasonable attempts to contact me at (w) _____ (h) _____ (include phone #) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by _____ (preferred physician and phone #) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before surgery is performed.

D: _____
Signature of Parent of Guardian Printed Name Date

Health Insurance Information

Please provide the following information on Health Insurance that provides coverage for your child.

Name of Insurance Company and Policy Number: _____