



HOPE FOR HIS CHILDREN, Inc.

WAIVER, CONSENT and RELEASE

Name: _____ **Age:** _____

Address: _____ **State:** _____ **Zip:** _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____ **Phone:** _____

Program: _____

The purpose of the _____ Camp is to _____.
These programs are designed and developed so that guests and residents can take advantage of the outdoor activities in and around _____.

I hereby certify that I voluntarily participate in the _____ Camp, and voluntarily assume all risks incident to the _____ Camp program and activities. I realize that I will be participating in activities that involve hazards and risks, including but not limited to changes in temperature and climate, and traveling in mountainous terrain and in otherwise remote places without medical facilities close at hand that may result in physical injury or death. I also understand that any equipment provided by the _____ Camp will be utilized at my own risk; I further accept personal responsibility for understanding proper usage of all such equipment failure or flammability and may result in serious physical injury or death.

I recognize that _____ Camp assumes no responsibility for the actions of participants engaged in the _____ Camp program and activities and provides no insurance for the program participants.

I, by signing this Waiver, Consent and Release, am acknowledging and permitting my participation in the _____ Camp program and activities, and I hereby release, discharge and forever hold harmless and indemnify Hope For His Children, _____ Camp, Blueridge Ranch Partners LLC, their employees, directors, officers, owners, trustees, agents, affiliates, volunteers, staff, medical personnel and other program participants from and against any and all liability, claims, damages, or loss to person or property arising out of my participation in the _____ Camp program and activities, including but not limited to, activities and travel accidents and/or equipment failure incidental to the Camp and program activities, and/or the negligence of the Hope For His Children, _____ Camp, Blueridge Ranch Partners LLC and their employees, directors, officers, owners, trustees, agents, affiliates, volunteers, staff and medical personnel.

I have carefully read this Waiver, Consent and Release and assumption of risk, fully understand its contents,

voluntarily sign it, and realize that it will bind me, my heirs, and my person representatives.

Signature

Age

Date

Parent/Guardian Signature

Date

**ADDITIONAL PARENTAL/GUARDIAN
WAIVER, CONSENT and RELEASE**

By signing this form, I, as parent/guardian of _____ (“Child”), hereby assume all risks and hazards incidental to the conduct of the activities and programs of the _____ Camp and transportation to and from the activities and programs. My Child is fit for the program(s) and related activities in which I have enrolled him/her.

HIGH RISK ACTIVITIES ASSUMPTION OF RISKS

There are risks and hazards inherent to certain programs and activities. The same elements that contribute to the uniqueness and fun of Hope For His Children and the _____ Camp activities and programming such as the physical effort or being indoors or outdoors can cause loss or damage to equipment, injury, illness, or in extreme cases, permanent trauma, or death.

I understand that I and my Child will be exposed to above normal risk of injury by participation in higher risk activities, including but not limited to, swimming, fishing, blobbing, motor-boating, canoeing, kayaking, sailing, water skiing, wake boarding, tubing, knee boarding, barefooting, stand up paddle boarding, hiking trails and off-terrain, challenge course, low ropes course, slack line, archery, archery tag, leather work, wood burning crafts, general arts and crafts, STEM projects, riflery, skeet, ceramics, equine and other farm animal activities, hay rides, fire building, hammocking, river trips, rock climbing, any recreation activity or other physically strenuous or hazardous activities.

To the best of my knowledge, I and my Child have the maturity, required skills, and physical ability to participate in the activities and programs offered by Hope For His Children and the _____ Camp, including without limitation, the activities and programs for which I and my Child have registered.

I HEREBY PERSONALLY, AND TO THE MAXIMUM EXTENT ALLOWED BY LAW ON BEHALF OF MY CHILD AND ALL MY FAMILY MEMBERS, ASSUME ALL RISK, WHETHER FORESEEN OR UNFORESEEN, IN CONNECTION WITH PARTICIPATING IN THE HOPE FOR HIS CHILDREN AND THE _____ CAMP ACTIVITIES AND PROGRAMS, FOR ANY HARM INJURY OR DAMAGE THAT MAY BEFALL ME, MY CHILD AND MY FAMILY MEMBERS AS A RESULT OF THE PARTICIPATION OF ME, MY CHILD AND MY FAMILY MEMBERS IN SAID ACTIVITIES AND PROGRAMS AT ANY TIME.

I HERELY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS HOPE FOR HIS CHILDREN, _____ CAMP, BLUERIDGE RANCH PARTNERS LLC AND THEIR EMPLOYEES, DIRECTORS, OFFICERS, OWNERS, TRUSTEES, AGENTS, AFFILIATES, VOLUNTEERS, STAFF AND MEDICAL PERSONNEL (COLLECTIVELY “RELEASEES”) FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD’S PARTICIPATION IN ANY _____ CAMP PROGRAM AND ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD’S PARTICIPATION IN ANY _____ CAMP PROGRAM AND ACTIVITIES.

I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING THE RELEASEES FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS WAIVER, CONSENT AND RELEASE FORM IS A CONTRACT WITHLEGAL

AND BINDING CONSEQUENCES AND IT APPLIES TO ALL PROGRAMS AND ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE _____ CAMP, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I understand that no insurance coverage for participants in these activities and programs is provided by the _____ Camp or any of the other Releasees.

Medical Consent: _____ Camp personnel will make every effort to contact me in the case of an emergency. I give my permission for _____ Camp personnel and its medical staff to administer any medications needed and to provide and arrange for any necessary medical care or treatment to myself/my Child, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

I accept <OR> I decline medical care for my child and/or family.

Photography Release: In consideration of my/my children's participation at the _____ Camp, and without any further consideration from the _____ Camp, I hereby grant permission to the _____ Camp, staff and affiliates to utilize my and/or my Child's appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. The _____ Camp may use my/my Child's name, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

I accept <OR> I decline photography release for my child and/or family.

Transportation Authorization: I grant permission for myself and my Child to be transported in an authorized Hope For His Children vehicle for Hope For His Children and _____ Camp activities, programs, events, field trips, to and/or from the location at which the Hope For His Children and _____ Camp activity, program, event, field trip takes place and in which I or my Child is involved. Further, I grant permission for myself and my Child to be transported in an emergency situation.

The undersigned expressly agrees that the foregoing Waiver, Consent and Release is intended to be as broad and inclusive as is permitted by law and that if any portion hereof is held invalid, the undersigned agrees that the balance shall continue in full force and effect. The undersigned understands that Hope For His Children and the _____ Camp have the right to dismiss any person whose actions or attitude are deemed detrimental to Hope For His Children, the _____ Camp and/or other participants, with all fees forfeited.

Signature: _____

Date: _____

Printed Name: _____

_____ Parent

_____ Guardian

Name and age of Participant(s) (print): _____

Parent/Guardian Email: _____ Phone Number: _____

COMPLETE THE FOLLOWING:

Participant (CHILD) Name: _____

Birth Date: _____

Age: _____

Gender: _____

Home Address: _____

Parent/Guardian Name: _____

Phone: _____

Home Address: _____

Second Parent/Guardian/Emergency Contact: _____

Phone: _____

Address: _____

If not available in an emergency, notify: _____

Relationship: _____

Address: _____

Phone: _____

Insurance Information: Is the participant covered by family medical/hospital insurance? _____

Insurance Provider _____

Name of Primary Insured _____

Policy Number/Group Number _____

Provider Phone _____

Child's Medical Information (to be completed by parents/guardian)

Height: _____

Weight: _____

1. Does your child have any allergies to foods, medications, insects, or particular environments?
2. How does he/she react to the allergen?
3. What medications does he/she take for this?
4. Is your child currently taking any medications? Please list what type of medication, dosage, and reason of taking.
5. Does your child have any medical conditions (ex. Asthma, Diabetes, shoulder dislocations, back problems) that can affect him/her during physical exercise?
6. Does your child have any behavioral issues we should be aware of?
7. Has your child had any serious injury, illness, or surgery in the past five years? If so, please describe.
8. Please describe any dietary restrictions.
9. Please describe your child's swimming ability and comfort level on mountain lakes and rivers.
10. Does your child plan on attending with a friend?

Yes/No Name: _____

11. Anything else you would like us to know about your child?