

**Westminster Woods Camp Giant Swing Release Form**  
**PARTICIPANT AGREEMENT and MEDICAL RELEASE FORM**  
**2018**

7 <sup>th</sup> 8 <sup>th</sup> or HS Camp
Grade _____

If you **do not** want your child to participate in this **DO NOT** sign this form.

Participant & Parent/Guardian Name: \_\_\_\_\_/\_\_\_\_\_  
(please print)

**Initial below to indicate that you have read, understood, and agree to the section following your initials.**

*Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.*

\_\_\_\_\_ **I state that I am not now under the influence of any chemical substance including alcohol, and that I will not be under the influence of any substance when participating in the Presbytery of Southern Kansas: DBA: Westminster Woods Camp.** I realize participating in Giant Swing activities while under the influence of a substance would endanger others and myself.

\_\_\_\_\_ **I am aware that I might be photographed and/or videotaped during my participation,** and authorize such photographs and/or videotapes to be used by Presbytery of Southern Kansas: DBA: Westminster Woods Camp in training or promotional materials at any point in the future. I understand that my name will *not* be used and/or published in any way, and that I will *not* receive compensation for the use of such photographs and/or videotapes.

\_\_\_\_\_ **I give my consent to Presbytery of Southern Kansas: DBA: Westminster Woods Camp employees and to emergency medical personnel to treat me if they deem it to be medically necessary.** I authorize the Presbytery of Southern Kansas: DBA: Westminster Woods Camp staff to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.

\_\_\_\_\_ **I agree to accept financial responsibility for any medical expenses and/or loss of income** not covered by my Insurance Policy that occurs as a result of my participation in the Presbytery of Southern Kansas: DBA: Westminster Woods Camp.

**RELEASE OF LIABILITY**

\_\_\_\_\_ **I understand that Giant Swing activities are, by their nature, physically and emotionally demanding,** and that participating in the Presbytery of Southern Kansas: DBA: Westminster Woods Camp may involve risks such as bending, twisting, lifting, running, jumping, climbing, swinging, increased heart or breath rates, heights of 40 feet or more, and physical contact with others.

\_\_\_\_\_ **I understand that although Presbytery of Southern Kansas: DBA: Westminster Woods Camp staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen** (i.e. cuts, bruises, scrapes, fractures, falls, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond the control of Presbytery of Southern Kansas: DBA: Westminster Woods Camp and their employees.

\_\_\_\_\_ **I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety,** and agree to notify a Presbytery of Southern Kansas: DBA: Westminster

Woods Camp employee if I have safety concerns. If I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

\_\_\_\_\_ **I understand that the Presbytery of Southern Kansas: DBA: Westminster Woods Camp staff has the right to deny my participation** and that it is my responsibility as a Participant to follow the safety guidelines and procedures established by the Facilitator(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s), I realize that it is my responsibility to ask for clarification and/or assistance.

\_\_\_\_\_ **I understand and assume all dangers and risks (both known and unknown) associated with my participation in the Presbytery of Southern Kansas: DBA: Westminster Woods Camp and waive, release and discharge Presbytery of Southern Kansas: DBA: Westminster Woods Camp and their agents, officers, and employees from all claims or causes of action arising from my participation.** I do hereby release Presbytery of Southern Kansas: DBA: Westminster Woods Camp and their agents, officers, and employees from any and all liability, even if arising from the negligence of the releases, and agree to indemnify and hold Presbytery of Southern Kansas: DBA: Westminster Woods Camp harmless for any accidents, injury, loss, or damage of property, and from any legal fees that I may ever have as a direct or indirect result of participating in the Presbytery of Southern Kansas: DBA: Westminster Woods Camp. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

\_\_\_\_\_ **My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.**

**If you have a history of heart problems or high blood pressure** – You are at risk if you participate physically in this program. Due to the emotional and physical demands inherent to the activities, you may be jeopardizing your health and well being if you choose to fully participate. You should consult your physician prior to attending the program.

**If you are pregnant** – You and your unborn child are at risk if you participate physically in this program. Due to the types of physical demands inherent to the activities, you may be jeopardizing your health and well being, as well as the health and well being of your unborn child, if you choose to fully participate. You should consult your physician prior to attending the program.

I have read the above waiver and release. By signing it, I agree it is my intention to exempt and relieve Presbytery of Southern Kansas: DBA: Westminster Woods Camp from liability for personal injury, property damage or wrongful death caused by negligence or any other cause.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

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**PARTICIPANT SIGNATURE** (Minors must sign)

**DATE**

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**PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE**

Relationship

**DATE**

(Required if Participant is 17 Years of Age or Younger)