

Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

If under age 18, Name of Parent or /Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Group Name: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_



## Participation Agreement and Release of Liability

This document affects your legal rights.  
You must read and understand it before  
initialing and signing it.

### ACTIVITIES PARTICIPANT MAY TAKE PART IN:

Hiking, Walking, Running, Swimming, Paddle-boarding, Canoeing, Kayaking, Pedal-boating, Waterskiing, Wakeboarding, Kneeboarding, Tubing, Paintball, Spectating, and any travel related to any of the foregoing activities.

### Activities NOT Allowed by Parent or Guardian:

\_\_\_\_\_

Named Student takes the following prescription medications on a regular basis: (List)

\_\_\_\_\_

Known Allergies (food, medications, or stings/bites):

\_\_\_\_\_

I, the above-named person being eighteen or older in age, or the parent or legal guardian of the above-named Participant who is under age 18, in consideration of the services provided by Shiloh Family Ministries and Camp Kerr Lake, and the right to engage in the Activities as a participant and/or volunteer, hereby acknowledge, agree, promise and covenant with Shiloh Family Ministries and Camp Kerr Lake, its partners, and volunteers on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

### ACKNOWLEDGMENT OF RISKS:

I UNDERSTAND AND ACKNOWLEDGE that the Activities in which I (all references to I, me, myself or my, refer to my minor child if I am signing on behalf of my minor child) am about to voluntarily engage in bear certain anticipated and unanticipated risks which could result in INJURY, DEATH, PARALYSIS, ILLNESS OR DISEASE, PHYSICAL OR MENTAL DAMAGE to myself, to my property or to other parties or their property. These risks include but are in no way limited to the following:

- 1) The risks which are inherent in the activities of Hiking, Walking, Running, Swimming, Paddle-boarding, Canoeing, Kayaking, Pedal-boating, Waterskiing, Wakeboarding, Kneeboarding, Tubing, Paintball, Spectating, and any related travel including, but not limited to falling, twisting, straining, fatigue, coming in contact with water, other structures or devices, other equipment or persons;
- 2) The acts or omissions or negligence in any degree by Shiloh Family Ministries, Camp Kerr Lake, or any of its partners, or volunteers (collectively the "Released Parties").
- 3) Latent or apparent defects or conditions in equipment or property supplied by Shiloh Family Ministries, Camp Kerr Lake, or other persons or entities;
- 4) My own physical condition and skill level or my own acts or omissions;
- 5) The condition of any watercraft, and accidents connected with their use;

- 6) First aid, emergency treatment or other services rendered by Shiloh Family Ministries, Camp Kerr Lake or others;
- 7) Consumption of any food or drink, whether or not provided by Shiloh Family Ministries, Camp Kerr Lake or others, and untreated water from the environment.

**I UNDERSTAND AND ACKNOWLEDGE** that the above list is not complete or exhaustive, and the other risks, known or unknown, identified, or unidentified, anticipated or unanticipated may also result in injury, death, illness, disease or damage to myself or to my property or to other parties and their property.

**ACCEPTANCE OF RISK AND RESPONSIBILITY:**

I VOLUNTARILY AGREE, COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITIES AND RISK FOR INJURY, DEATH, PARALYSIS, ILLNESS, OR DISEASE to myself or to my property or other parties and their property arising from my participation in the Activities, EVEN IF ARISING OUT OF THE NEGLIGENCE OF THE RELEASED PARTIES or others. My participation in the Activities is purely voluntary; no one is forcing me to participate in spite of the risks.

**MEDICAL CARE, PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION OF PHYSICAL CONDITIONS:**

I UNDERSTAND AND ACKNOWLEDGE that no major medical or accident insurance benefits will be provided to me during participation or viewing of the Activities. I certify that I have sufficient health, accident, and personal liability insurance to cover any bodily injury or property damage that I may incur while participating in the Activities, and to cover bodily injury or property damage caused to another party as a result of my participation in the Activities. If I have no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

I FURTHER ACKNOWLEDGE that I am in good physical and mental health, and not suffering from any condition, disease or disablement, which would or could potentially affect participation in the Activities. I give my consent and permission to Shiloh Family Ministries, Camp Kerr Lake and medical personnel to obtain or administer on my behalf or on behalf of my minor child, first aid and emergency medical treatment in case of sickness, accident, injury and to secure medical care at my expense and to make decisions concerning medical care if I am unable to do so or if in the case of my minor child, I am unable to be reached. I give consent for drug testing to be performed in the event of any accident or during the course of any medical care or treatment for myself or my minor child.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Shiloh Family Ministries, Camp Kerr Lake, their officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used for the Activities, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE, to the fullest extent permitted by law.

I, the undersigned, have read the above waiver and release, understand the above waiver and release, and understand that I have given up substantial rights by signing it and sign it voluntarily. I am of sound mind, and not under the influence of any drugs or alcohol at this time; I agree to follow any and all instructions of Shiloh Family Ministries and/or Camp Kerr Lake including but not limited to, the no drug/no alcohol policy while participating in the Shiloh Family Ministries, Camp Kerr Lake activities; I am in good health, suffering from no physical disabilities which might impair my capabilities. My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms. If I am the parent or guardian of the Participant, I agree to be bound by the terms and conditions of this agreement and shall be responsible for the actions of the Participant.

---

**Participant's Signature**

**Date Signed**

---

**Signature of Parent of/Guardian**

**Date Signed**

**This liability form covers named person for the period of one (1) year from the date signed.**