



GENERAL RELEASE OF LIABILITY FORM
(Get Away Camp, 1st Timers Camp, & 75th Anniversary)

NAMES of ALL PERSONS FOR WHOM THIS FORM APPLIES:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

CAMP NAME: _____ **DATES:** _____

PHOTO RELEASE:

I understand that photographs, video and/or digital images (hereinafter "images") may be taken of me or my minors during participation in various activities while at Highlands. I understand that no names or personal contact information will accompany any images. I understand that these images may be used in web-site photo albums and other promotional materials and/or publications. I consent to such images of me or my minor's likeness being taken and do not request compensation for the use of my minor's likeness.

Circle one: Yes No

TRANSPORTATION RELEASE:

I give permission for me and/or my family members to be transported by Highlands' staff in approved vehicles on and off premises for program activities, and medical care.

MEDICAL INFORMATION:

I am aware that participating in any physical activity may be dangerous. Because of the inherent dangers of participation in such activities, I recognize the importance of following directions of the counselor/ facilitator/ instructor and agree to obey such counselors/facilitators/instructors to the best of my ability.

EMERGENCY CONTACT

In case of an emergency, we will call 911. It takes at least 10 minutes for an ambulance to reach Highlands. Most of Highlands' staff have Basic First Aid, CPR, and AED training. Our facility has an AED and portable oxygen on site for those authorized to use them. Adult participants manage their own medication, please bring what you anticipate needing. Medications must be kept in a locked vehicle or other device to keep them out of reach of others. There is a clinic, hospital and pharmacy available to you in Estes Park, 17 miles/30 minutes from Highlands.

Please list one emergency contact: Name: _____

Phone #: _____ Relationship to family: _____

RELEASE OF LIABILITY:

I understand that parts of the Highlands Presbyterian Camp and Retreat Center's Adult and Family Retreats may be physically and/or emotionally demanding. I affirm that my health and that of my family members is good, and that I/we are not under a physician's care for any undisclosed condition that bears upon my/our fitness to participate in activities including the challenge course, rock climbing, hiking, aquatic activities, and archery. I understand that each participant must assume the risk of physical injury that could result from any activity related to any such activities.

(CONTINUED ON BACK)

I hereby consent to first aid and/or emergency medical care for treatment of injuries that I and/or my family member(s) may sustain while participating in any activity while at Highlands Presbyterian Camp and Retreat Center. I understand that by signing this, I hereby release Highlands Presbyterian Camp and Retreat Center, its owner and employees, and all individuals assisting in the instruction and conduct of the Highlands Presbyterian Camp & Retreat Center activities from any and all liability. I have carefully read this Release of Liability and fully understand its content.

I hereby give my permission to the medical personnel selected by Highlands Camp and Retreat Center to order x-rays, routine tests, and treatment. In the event I cannot make that decision in an emergency, I hereby give permission to the physician selected by Highlands' staff to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery. This form may be photocopied for use out of camp and information on it will be shared with camp staff on a "need to know" basis.

Adult Participant or Parent/ Legal Guardian Signature

Date