

# NaCoMe Camp & Retreat Center

## Assumption of Risk and Liability Waiver



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

Participant Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I fully realize that participation in the Challenge Courses and all NaCoMe activities involve psychologically and physically challenging situations and that my participation in the same could result in sprains, cuts, rope burns and/or abrasions or more serious injury, including death. I acknowledge that NaCoMe Camp and Retreat Center has or will inform me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury. I additionally understand that my participation is voluntary and the decision to participate is made with knowledge of the risks as listed here and explained to me prior to participation. I understand that a physician should be consulted before participation in these activities if I have one of the following conditions: pregnancy, back condition, high blood pressure, or a heart condition. I understand that an inhaler for exercised induced asthma, an Epi-pen for severe allergies, or any other medication needed for a chronic medical condition should be brought with me to the challenge courses and all activities.

In consideration for the right to participate in the activities and programs, I individually and collectively for myself, my heirs, executors, administrators, and assigns **do waive and release any and all claims by me or on my behalf of me for property loss, personal injury, emotional distress, wrongful death, product liability, strict liability and/or negligent rescue which may incur against NaCoMe Camp and Retreat Center, the Presbyteries of Middle Tennessee and Mid South, its sponsors, agents, representatives, board members, employees, contractors, and suppliers for any and all damages which I might sustain and suffer in connection with my participation in challenges courses and activities at NaCoMe Camp and Retreat Center.**

NaCoMe Camp and Retreat Center has my permission to secure emergency care for me if necessary. I accept full responsibility for the cost of any treatment for any injury suffered while participating in the challenge courses or activities. I understand that any photographs taken of me participating at NaCoMe may be used for publicity.

### Medical Statement

I recognize that at least moderate physical activity will be required for the activity in which I am participating. I am listing below those conditions – physical or mental - I have that could restrict my participation in the challenge courses and activities. (Please discuss any conditions with your facilitators as well; it helps us to craft a better experience for you!)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications currently taking: \_\_\_\_\_

To the best of my knowledge, I attest that I have disclosed all information that could restrict my participation in this activity.

**Participant Signature** \_\_\_\_\_

**(If Minor) Guardian Signature** \_\_\_\_\_

**(If Minor) Guardian Printed Name** \_\_\_\_\_

**Date** \_\_\_\_\_