

Howell Conference and Nature Center

Agreement to Participate For Minors

Group/School Name _____
Name _____ Age _____ Birth Date (Month/Year) _____
Address _____ City _____ State _____ Zip _____
Parent/Guardian's Names _____
Home Phone _____ Work Phone _____ Today's Date _____

I understand that at the Howell Conference and Nature Center, I am expected to follow all the rules as presented by the Challenge Program facilitator, Ropes staff, & EE staff including, but not limited to: listening and following safety instructions, running is not allowed, no negative comments to other participants, respect for adults in charge and other participants, and positive encouragement given to other participants. I fully realize that participation in the high ropes, low ropes, initiatives, obstacle, tower, zip line, wall climbing courses ("Courses"), Global Village, and all Environmental Education classes involves psychologically and physically challenging situations and that my participation in the same could result in injuries including but not limited to: sprains, cuts, rope burns and/or abrasions or more serious injury. I acknowledge that the Howell Nature Center ("HNC ") has/will informed me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury.

/s _____
PARTICIPANT'S SIGNATURE DATE

I understand that a physician should be consulted before participation in these courses if my child has one of the following conditions: is pregnant, has a back condition, high blood pressure or a heart condition. I understand that an inhaler for exercised induced asthma, an Epi-pen for severe insect allergies or any other medication needed for a chronic medical condition should be brought with my child to the challenge courses. I acknowledge that my child's participation in the Courses means I accept the dangers that are open, obvious and necessary to these activities.

I agree to hold the Howell Conference and Nature Center and the Presbytery of Detroit, Inc., its sponsors, agents, representatives, board members, employees, contractors and suppliers harmless for any and all damages which my child might sustain and suffer in connection with my child's participation in the Courses, programs, and activities at HNC.

The HNC has my permission to secure emergency care for my child if necessary. I accept full responsibility for the cost of any treatment for any injury suffered while participating in the Courses. I understand that any photographs taken of my child participating in the Courses or programs may be used for publicity.

MEDICAL STATEMENT

I recognize that climbing can be a strenuous endeavor requiring my child to be in good physical condition. I am listing below those conditions my child has that could restrict my child's participation in the Challenge Courses, and activities while at camp at the HNC.

Medications currently taking: _____

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could restrict my child's participation in this activity.

IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF BOTH PARENTS IS REQUESTED IN ADDITION TO PARTICIPANT'S SIGNATURE.

/s _____
PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE DATE

/s _____
PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE DATE

ADULT ASSUMPTION OF RISK AND WAIVER OF ALL LIABILITY CLAIMS

Group/School Name _____
Name _____ Age _____ Birth Date (Month/Year) _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Today's Date _____

I fully realize that participation in the high ropes, low ropes, initiatives, obstacle, zip line tower, wall climbing courses ("Courses"), Global Village, activities and all Environmental Education classes involves 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. I acknowledge that the Howell Nature Center ("HNC ") has/will informed me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury. I understand that a physician should be consulted before participation in these courses if I have one of the following conditions: are pregnant, have a back condition, high blood pressure or a heart condition. I understand that an inhaler for exercised induced asthma, an Epi-pen for severe insect allergies or any other medication needed for a chronic medical condition should be brought with me to the challenge courses. I acknowledge that my participation in the Courses means I accept the dangers that are open, obvious and necessary to these activities.

In consideration for the right to participate in the Courses, activities and classes, I individually and collectively for myself, my heirs, executors, administrators and assigns **do waive and release any and all claims by me or on behalf of me for property loss, personal injury, emotional distress, wrongful death, product liability, strict liability and/or negligent rescue which may incur against the HNC, the Presbytery of Detroit, Inc., 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 the Courses at HNC.**

The HNC 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 Courses. I understand that any photographs taken of me participating at the HNC may be used for publicity.

MEDICAL STATEMENT

I recognize that climbing can be a strenuous endeavor requiring me to be in good physical condition. I am listing below those conditions I have that could restrict my participation in the Challenge Courses.

Medications currently taking: _____

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

/s _____
PARTICIPANT'S SIGNATURE **DATE**