



2019 Teen Outdoor Stewardship Camp

Acknowledgement and Assumption of Risks and Waiver of Claims for Minors

Please read carefully. This document includes a release of liability and waiver of certain legal rights.

In consideration of my own or my child's participation in activities sponsored by the Rio Grande Watershed Conservation & Education Initiative and Adams State Adventure Program and held in various agreed to locations:

Acknowledgement of Risks:

I understand that there are numerous risks associated with participation in any camping activities, including such things as hiking, field games, crafts, transportation to and from camp activities, and that many, but not all, of these risks are inherent in these and other activities. These risks, which contribute to the unique character and desirability of the activities involved, may pose the possibility of severe injury, illness, or death. I further understand that most of the activities involved in the Teen Outdoor Stewardship Camp will take place in an outdoor environment.

I also understand that many of the risks inherent in the camping experience cannot be eliminated, altered, or controlled. Some, but not all, of the specific risks include:

- Weather conditions may change rapidly and unpredictably and may directly cause injury, i.e. severe rainstorms, hail storms, sunburn, lightning strikes, cold temperatures, or by acting on other factors, i.e. performance of equipment may be impaired by weather conditions.
- Equipment used in activities may break, fail, or malfunction, despite reasonable maintenance and use and may inflict injuries, even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and/or others.
- Most activities take place in a natural environment where unexpected, unseen, and unknown/unmarked objects and conditions create risk of injury, i.e. falling, tripping, slipping, insect or animal contact, unstable surface conditions, falling rocks and objects, or potentially harmful vegetation.
- Presenters and guides use their best judgment in determining campers' abilities to participate in camp activities. However, campers may have unknown conditions which would limit their participation in certain activities or increase campers' risks of injuries. *It is imperative that parents notify the camp director in writing of any known limitations.*
- Motor vehicle accidents, not the direct fault of camp sponsors, may occur in the course of transporting participants to and from other activities.
- Some camping activities may have inherent risks, due to the nature of the camping experience, and there may be other risks which cannot be anticipated.

Acknowledging the above risks and other potential risks, I give permission for my child to participate in:

(initial) Various Team Sports/Hiking – adult supervision

I acknowledge and assume the risks involved in any of these activities and for any damage, illness, injury, or death resulting from such risks, for my child, with the exception of any unapproved

activities described above. There are no physical, emotional, or mental problems or limitations associated with my child's participation in camp activities, except as disclosed by me/us in writing to the Teen Outdoor Stewardship Camp.

Release, Waiver of Liability, and Indemnification:

I, on behalf of my child, absent gross negligence or willful conduct, hereby release and waive any claim of liability against the Rio Grande Watershed Conservation & Education Initiative, Adams State University Adventure Programs, and other agencies who participate in this program and its employees and agents, with respect to any injury, illness, damage, or death, occurring to me or my child while he/she participates in any and all camp programs and activities.

Governing Law

I agree that this document and all other aspects of my child's relationship with the Rio Grande Watershed Conservation & Education Initiative, Adams State University Adventure Programs, and other agencies who participate in this program and its employees and agents, shall be governed by the laws of the state of Colorado. Further, I agree that any legal proceedings concerning such relationship shall be filed exclusively in the State of Colorado.

I have read and understand the above and agree to be bound by the terms of this document.

Camper

Parent/Guardian Signature

Date

Medical Insurance & Liability Waiver

Custodial parent/guardian: _____ Phone: _____

Home Address: _____ City: _____ State: _____
Zip: _____

Emergency contact: _____ Home Phone: _____

Cell Phone: _____

Address: _____ City: _____ State: _____

Zip: _____

Relationship to the participant _____

Insurance Information

Is the participant covered by family medical / hospital insurance? _____ Yes _____ No

Carrier or Plan Name: _____

Group# _____

This health form is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purpose of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

On this _____ day of _____, 20____, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Rio Grande Watershed Conservation & Education Initiative; Adams State University Adventure Program and other agencies who participate in this program and its employees, and agents representing or related to the Camp as regards to the summer camp running from _____ - _____, 20____. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all the rules and regulations promulgated by Rio Grande Watershed Conservation & Education Initiative, Adams State University Adventure Program, and other agencies who participate in this program and its employees, and agents and vendors throughout the camp visit.

Signature of parent or guardian if camper is a minor:

Printed name: _____
Date: _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper: _____
Date: _____

Authorization for Emergency Medical Care

I/we hereby give my/our permission to camp officials to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my/our child _____ should an emergency arise.

It is understood that camp officials will make a conscious effort to locate the emergency contacts provided before any actions are taken. If it is not possible to locate the emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment. I/we also give permission for the dispensing of listed medications to my/our camper as instructed.

Parent/Guardian Signature	Date
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Parent/Guardian Printed Name	Date
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- Photocopy of Front and Back of Health Insurance Card?
- Copy of Immunization Form or Statement of Exemption to Immunization Law?

Campers will not be allowed to participate in Teen Outdoor Stewardship Camp if these are not completed and sent to camp director by **June 17, 2019.**