



Participant Release of Liability Agreement

Name of Participant: (Print clearly) _____ **Date:** _____

Emergency Contact Name: _____ **Phone Number:** _____

In consideration for permitting participation in Idyllwild Pines Camp and Conference Center sponsored courses and activities, I, as the legal guardian for myself or on behalf of the minor participant, hereby represent, acknowledge and agree as follows:

Acknowledgement and Assumption of Risks:

It is acknowledged that there are certain risks and dangers in participating in activities conducted in either indoor or the outdoor setting, which cannot be eliminated without destroying the unique character of the activities. Exposure to natural elements such as extreme or inclement weather cannot be controlled and may be harmful. Injuries can occur from natural hazards including, wild animals, insects, reptiles, toxic plants, loose or falling rocks, sharp rock edges, wood splinters, falling trees, steep slopes, rugged terrain, flooding, ice and snow.

Individuals who participate in any camp activity or are using the challenge course will climb high rock walls, trees, ropes and wires, while attached to a rope protection system and wearing a helmet. While participating in these activities, the participant may slip or fall, which can lead to minor injuries or in extreme cases, more serious injuries, including permanent disability, trauma or death. The participant could experience vertigo or other mental impairment brought on by exposure to heights or fear of falling.

It is acknowledged that decisions made by the instructors and participants in a wilderness setting, based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgments. Lapses of judgment or the careless conduct of other participants may cause the participant injury.

Release and Indemnity:

I hereby release, hold harmless and agree not to sue Idyllwild Pines, employees, representatives, volunteers, agents and contractors. With respect to any and all claims of injury, disability, death or other liabilities and loss of damage to person or property, asserted by or on behalf of participant or by parents or guardians, resulting directly or indirectly, from participating in activities or the use of its equipment or facilities.

This release includes injury, loss or damage caused or claimed to be caused in whole or in part by the negligence of Idyllwild Pines and its agents. It is understood that in signing this document, rights are surrendered to make any claim or file a lawsuit against Idyllwild Pines and/or agents for personal injury, property damage, wrongful death, breach of warranty or contract, or under any other legal theory, except in cases in intentional wrongs or the gross negligence of Idyllwild Pines and/or its agents.

This release shall be binding to the fullest extent permitted by law. If any provision of this agreement is found to be unenforceable, the remaining terms shall be enforceable. This agreement will be interpreted and construed according to the laws of the State of California, and in the event of any legal action relating to this agreement or any of the subject matter covered by it, such legal action will be initiated, maintained and decided only in Riverside County.

The participant, and the parent(s) or guardian of a minor participant, have each read this document and understand and voluntarily agree to its terms, which shall be binding upon them, their heirs, estate, executors and administrators. The parent or guardian confirms that they have the authority to make this commitment.

Signature of Participant: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

Print Name _____

In the event of an emergency, if family physician cannot be reached, I hereby authorize myself or my child to be treated by Certified Emergency Personnel.

Signature of Parent/Guardian or Participant _____ **Print** _____ **Date** _____

Photo and Video Release

I give Idyllwild Pines Camp permission for any photos or videos taken of myself/child for the duration of the stay to be used at Idyllwild Pines camp's discretion in any of their promotional venues.

Signature of Parent/Guardian or Participant _____ **Print** _____ **Date** _____

EXPERIENCING RENEWAL | DISCOVERING TRUTH | TRANSFORMING LIVES

26375 STATE HWY 243 P.O. Box 425 IDYLLWILD CA 92549 PHONE: 951-659-2605 EMAIL: INFO@IDYLLWILDPINES.COM WWW.IDYLLWILDPINES.ORG