



2019 Recreational Activities Release Form

*** This form is mandatory for EVERYONE attending camp. Please submit with all other forms by April 1, 2019***

To: Christadelphian Bible Camp (includes directors, volunteers, teachers and landlords)

Activity: Voluntary sports (i.e. swimming, basketball, hockey, soccer, baseball, golf, etc.)

Participant: _____

Participant: _____

Participant: _____

Participant: _____

Participant: _____

Participant: _____

I understand, and am aware, that participation in the above activities includes risks, dangers and hazards inherent in athletics activities which might be hazardous to the participant(s) named above due to the nature of the activity. Some of these risks, dangers and hazards are foreseeable, and others are not. These risks, dangers and hazards include, but are not limited to:

- Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts;
- Injuries resulting from falls to the ground due to uneven or irregular terrain or surfaces;
- Extremes of weather and temperature which may result in heatstroke, sunstroke or hypothermia;
- Injuries resulting from failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- Injuries from colliding with or being struck by other participants, spectators or equipment;
- Additional risks associated with non-competitive activities which are often an integral part of competitive events

I also understand that injuries sustained in athletic programs can be severe and even fatal.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the activity. I release the organization named above from all liability, costs and damages which might arise from participation in the above named activity. If the participant is a minor, I agree that the minor has my consent to participate in the activity.

Sign here if Participant is an adult

Signature of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

Sign Here if Participant(s) under the Age of 18

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____