**Participant's Waiver and Release of Liability: 2018**

In consideration of participation in Mountain Friends Camp, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as

parent/guardian with legal responsibility for my minor child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that there are significant risks involved and agree to indemnify and hold harmless Mountain Friends Camp, Intermountain Yearly Meeting, Santa Fe Tree House Camp, Collins Lake Ranch, and associated officers, directors, staff, volunteers, and landowners from all cost expense and liability arising out of my child's participation. I understand that there are inherent risks associated with outdoor activities in remote areas at high elevations. These hazards may include, but are not limited to, activities related to traditional outdoor pursuits such as hiking, organized recreation, team building and outdoor skills. I hereby waive all claims and assume all liability for damage or loss to my person or property, which may be caused by any act or failure to act by the releasees named above arising directly or indirectly from my child's participation in this summer camp.

 Photography and Media Release: I understand that my child may be photographed during the event. I agree to allow their likeness, in photograph and video, to be used by any legitimate use by the releasees, including promotional material and webpages produced by the releasees and accessible via the Internet. I understand that Mountain Friends Camp will never attach names or other identifying information to campers’ images, and that I can request to approve of any images before they are shared.

 Medical Release: I give my permission for medical release, should my child be involved in any accident or health damaging situation and should they require medical treatment. I also certify that my child is physically able (and has my permission) to participate in all camp activities, with any exceptions noted on their health history form. I understand any enrollment acceptance is conditional upon completion and receipt of two forms: Participant Health Profile, and Healthcare Provider Recommendations signed by my child’s healthcare provider.

 I hereby give permission to the camp health staff to provide, seek, or consent to routine health care, to administer prescribed and over-the-counter medications, and seek medical treatment as needed, including but not limited to primary care office visits, x-rays, laboratory studies, specialty appointments, Emergency Room visits, and/or hospitalization. I hereby give permission to the camp to arrange related transportation. I agree to the release of any medical records necessary for treatment, referral, billing, or insurance purposes. In the event that I cannot be reached in an emergency, I hereby give permission to Mountain Friends Camp staff to secure and administer treatment, including hospitalization, for the person named above. It is also my intention that the appropriate personnel of the camp be treated as my “personal representative” for the purposes of disclosing protected health information. I hereby agree to the disclosure, by health care providers to camp representatives, of protected health information of the person named above as necessary to 1) provide relevant information related to the camper’s ability to participate in camp activities and 2) to provide relevant information to camp representatives as to keep me informed of my child’s health status.

 If my minor child (under 18 years of age) is participating in this event, the undersigned parent or guardian has consented to their participation and agree to the terms of the waiver and release of liability as set forth above. I knowingly and freely assume all such risks on behalf of my child, both known and unknown, even if arising from the negligence of the releasees or other, and assume full responsibility for my child's participation. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily on behalf of my child, without any inducement.

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 Name (Print) Signature Date