



Adventure Program Waiver & Release of Liability

In consideration of Cooperstown Bible Camp (hereinafter, CBC) furnishing services and/or equipment to enable me to participate in Adventure Program activities (including, but not limited to the Climbing Wall, Zip Line, Giant's Ladder, Archery, Rifle Range, Skeet Shooting, Canoes, and all high, intermediate, and low ropes challenges courses) and allowing me the use of any part of the CBC facility and adjacent property; I fully understand, acknowledge, and agree to the following.

1. Risk and danger exists in my participation in Adventure Program activities and with such equipment.
2. My participation in such activities and/or use of such equipment may result in my injury or illness including, but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, other ailments that could cause serious disability, or even death.
3. These risks and dangers may be caused by the negligence of the owners, employees, officers, agents of CBC, the negligence of the participants, the negligence of others, accidents, breeches of contract, forces of nature, or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes.
4. By my participation in these activities and/or use of such equipment, I hereby assume all risk and danger and the responsibility for any and all losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of CBC, or by any other person.

I, on behalf of myself, my personal representatives, and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify CBC and its owners, agents, officers, and employees from any and all claims, actions, or losses from bodily injury, property damage, wrongful death, loss of services or otherwise which may arise from my activity at the CBC facility or adjacent land whether caused or contributed to, in whole or in part, by the negligence of CBC, its agents, employees, officers, or representatives. I specifically understand that I am releasing, discharging, and waiving any claim or cause of action that I may have presently or in the future against CBC, its agents, employees, officers, or representatives arising from my activity and participation at the CBC facilities and adjacent land.

Safety Pledge: I agree that I will participate in a safety briefing before participating in Adventure Program activities at CBC that will be given by a CBC employee or appointed agent covering CBC safety rules and fully understand that by signing below, I agree to abide strictly by these rules. I also agree to correctly wear all safety equipment at all times while participating in Adventure Programs at CBC. I will remove such equipment only when instructed by a CBC employee or trained agent that grants permission for removal of such equipment. I also agree not to be under the influence of alcohol or drugs that can affect my judgment, perception, or physical movement while participating in Adventure Program activities at CBC. I realize that my inability to obey any rules or instructions from any CBC employee or appointed agent may result in my dismissal from any Adventure Program activity immediately and without compensation or refund of fees.

I have read the above waiver and release of liability and by signing it agree it is my intention to exempt and relieve CBC from any and all liability for personal injury, property damage, or wrongful death caused by negligence or any other cause.

Printed Full Name: _____ Age: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Signature: _____ Date: _____

**For Participants Under 18 Years of Age:
(Must be filled out and signed by PARENT or GUARDIAN)**

The undersigned parent or guardian has read the above Waiver and Release of Liability, agreeing to its terms and hereby gives permission for the above named minor to participate in Adventure Program activities at CBC. The undersigned also hereby gives CBC permission to authorize medical treatment as may be deemed necessary for the minor named above resulting from participating in Adventure Program activities at CBC. *If contact information is different for signing Parent or Guardian, please add information below.*

Signature of Parent or Guardian: _____

Medical Insurance Policy Number: _____

Insurance Company: _____