



Recreation Activity Release of Liability, Waiver Claims, Express Assumptions of Risk and Indemnity Agreement

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Recreation Activities.

I, (participants name) _____ do hereby affirm that I have been fully informed of the inherent hazards and risk associated with recreational activity. Including the use of equipment and transportation associated therewith of which I am about to engage in. Inherent hazards and risk include, but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for permanent disability and death.
2. Possible equipment failure and/or malfunction of my own or others equipment.
3. This activity takes place outdoors and therefore includes risk associated with exposure to elements, excessive heat, hypothermia, impact of the body on the weather, injection of water into my body orifices, encountering objects either natural or man-made, exposure to animals with the attendant risk of kicking, biting, shying away, running off, or otherwise moving in an unanticipated manner causing injury and/or death.
4. My own negligence and/or the negligence of others, including but not limited to the operator error and guide decision making including misjudging terrain, weather, trails, or route location.
5. Attack by or encounter with insects, reptiles, and/or animals.
6. Accidents or illness occurring in remote places where there are no available medical facilities.
7. Fatigue, chill, and/or dizziness, which may diminish my/or our reaction time and increase the risk of accident.

I understand the description of these risks is not complete and that unknown or unanticipated risk may result in injury, illness, or death.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the activity(ies) described above and related activities, I hereby agree, acknowledge, and appreciate that:

1. I hereby release and hold harmless with respect to any and all injury, disability, death, or loss or damage to persons or property, whether caused by negligence or otherwise, Wildhorn Ranch, LLC and Camp Firewalker, LLC, herein referred to as Releases.
2. To release the releases, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releases otherwise. By executing this document, I agree to hold the releases harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releases, other than what is set forth in this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP ALL LEGAL RIGHTS BY SIGNING IT, AND I SIGN FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE: This is to certify the I, as a Parent, Guardian, Temporary Guardian with legal responsibility for the participant, do consent and agree not only to his/her release of all Releases, but also release and indemnify the Releases from and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Name of Adult Participant (Print)

Signature of Adult Participant

Date

Name of Parent or Legal Guardian
if Participant is a Minor (Print)

Signature of Parent or Legal Guardian

Date

Name of Minor (Print)

Permission and Medical Release Form

Each participant (including leaders) completes this form separately for each event or activity involving an overnight stay, travel outside the local area, or higher than ordinary risks (see *General Handbook: Serving in The Church of Jesus Christ of Latter-day Saints*, 20.5.5, 20.7.4, 20.7.7). The event or activity leader should have access to all participants' forms during the activity.

Event Details (to be filled out by event planner)

Event		Date(s) of event
Describe event and activities (please be specific)		
Ward	Stake	
Event or activity leader	Event or activity leader's phone number	Event or activity leader's email

Contact Information

Participant	Date of birth	Age
Telephone number		
Address	City	State or province
Emergency contact (parent or guardian)	Primary telephone number	Secondary telephone number

Medical Information

Does the participant require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the dietary restrictions.
Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the allergies.
List all prescription or over-the-counter (OTC) medications the participant is taking. Leave blank if none.	
Can the participant self-administer his or her medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please contact the event or activity leader directly.	

Conditions That Limit Activity

Does the participant have a chronic or recurring illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Has the participant had surgery or a serious illness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity.	

Other Accommodations or Special Needs

Identify any other needs or considerations the participant has that the event or activity planner should be aware of (attach additional pages if needed).

Permission

I give permission for my child or youth to participate in the event and activities listed above (unless noted) and authorize the adult leaders supervising this event to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this event and travel to and from this event.

Please note: Units may not have the ability to meet all medical, physical, and other accommodations and are asked to counsel with parents or guardians on what is possible.

The participant is responsible for his or her own conduct and is aware of and

agrees to abide by Church standards, camp or event safety rules, and other pertinent instructions. The participant's conduct and interactions should abide by Church standards and exemplify Christlike behavior, including those listed on the attached "Conduct at Church Activities."

Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if participants behave inappropriately or if they pose a risk to themselves or others.

This information is collected to help event and activity leaders or medical personnel so they can be prepared and appropriately respond to health concerns or an emergency. It will be kept confidential and shared only as needed.

Participant's signature (typed/printed name is electronic signature)	Date
Parent or guardian's signature (typed/printed name is electronic signature) (if participant is a minor)	Date