LIABILITY RELEASE/ASSUMPTION OF RISK/WAIVER OF ALL CLAIMS
PLEASE READ THIS DOCUMENT CAREFULLY
OAK RIDGE RECREATION & PARKS DEPARTMENT ADVENTURE CAMP
ANDERSON COUNTY HEALTH COUNCIL LIFE DEVELOPMENT CENTER

My child, _____ , is registered to participate in the City of Oak Ridge Adventure Camp, a program of the Anderson County Health Council Life Development Center. I understand and recognize that certain elements of the Adventure Camp are physically, mentally, socially and emotionally demanding. Furthermore, I understand that certain risks and dangers (such as those listed below) exist in the activities in which my child will be participating. These risks include loss or damage to personal property, injury or fatality due to inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, hypothermia (cold exposure), hyperthermia (heat exposure) or suffering any type of accident or illness in remote areas without easy access to medical facilities, or while traveling to and from the activity sites. I acknowledge that while the Adventure Camp and both City and Life Development Center staff will make every reasonable effort to teach my child the proper outdoor techniques and to minimize exposure to known risks, all dangers, hazards and perils associated with these activities cannot be foreseen. My child has a responsibility to learn and to follow the safety standards, rules, guidelines and procedures established by the instructors and will make the instructors aware at any point during the activity in which my child questions his/her knowledge of these safety standards, rules, guidelines and procedures or his/her ability to participate.

I fully understand and assume all dangers, hazards and perils and the risk of injury from my child's participation in the Adventure Camp. I, on behalf of my heirs, executors, successors, representatives, assigns and administrators do hereby release, hold harmless and discharge the City of Oak Ridge and the Anderson County Health Council, their successors and assigns, and any and all of their agents, employees and servants, from any and all liability of every kind, character and description whether caused by negligence, breach of contract, strict liability, or otherwise, from and by reason of any injury suffered by my child that may arise while he/she is participating in and under the supervision of the City of Oak Ridge Recreation and Parks Department and the Anderson County Health Council. It is also agreed that this is the full and final release for the injuries mentioned above, and for all other claims or demands I will ever have or now have against the City of Oak Ridge as a result of participating in the City of Oak Ridge Adventure Camp.

In case of emergency, the City of Oak Ridge and the Anderson County Health Council and/or their employees have my authorization to obtain emergency medical aid for my child. I agree to pay all medical expenses incurred as a result of my child's participation in the City of Oak Ridge Adventure Camp.

I also authorize the City of Oak Ridge and the Anderson County Health Council and its divisions to photograph my child while participating in said program and agree that the City of Oak Ridge and the Anderson County Health Council may use or permit other persons to use the negatives or prints therefrom for such purposes and in such manner as may be deemed necessary.

_____	_____	_____	_____
Signature of Parent/Guardian	Date	Signature of Parent/Guardian	Date

Indicate below the week(s) you are interested in attending:

☐ June 25 – June 29 ☐ July 23 – July 27

NAME OF PARTICIPANT:	D.O.B.	AGE:
Participant's Home Address:		
Participant's Home Phone:	Parent/Guardian's Work Phone:	
EMERGENCY CONTACT:	Emergency Phone:	
Medical Insurance Information:	Policy Number:	

Please list any information about medical problems that the City of Oak Ridge staff should be aware of (allergies, prescriptions to be taken, diabetes, etc.)

_____

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