



Child - Parental Permission and Release Form

Group Name _____ **Event Date** _____

As parent/legal guardian of (*print full name*) _____ (*age*) _____, I hereby give permission to my son or daughter to engage in all Spruce Lake Adventure Program (AP) activities except as noted below by me. My permission is granted with the understanding that, though Spruce Lake AP's trained staff will make every effort to ensure the safety and well-being of my child, there are inherent risks of injury associated with AP and outdoor activities (such as hiking, rappelling, belayed climbing, low and high challenge course, flying squirrel, zip line, and power swing) which, however slight the chances of occurrence, cannot be reasonably eliminated. These risks include but are not limited to: falls from a height, exposure to severe storms or to weather related heat or cold, injury from falling objects, injury from collision with other people or objects during activities, and equipment failure. Furthermore, I recognize that, because Spruce Lake Retreat is in a rural location, access to local advanced emergency medical care is limited and emergency response and travel time may seem unduly long relative to urban or suburban standards. I also understand that the Spruce Lake Retreat staff cannot provide medical care for my child, with the exception of emergency first aid. I hereby acknowledge, accept, and assume all risks of injury to the above-mentioned child while they are engaged in Spruce Lake AP activities.

I also give permission for my child to be transported in Spruce Lake Retreat vehicles for needed transportation. Furthermore, I authorize Spruce Lake Retreat to use photographs that may include my son or daughter in Spruce Lake publicity.

In consideration of permission granted my herein named child to participate in AP activities, I hereby release and covenant with Spruce Lake Retreat that I will never, individually or as legal guardians of said child, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by or arising out of activities sponsored by Spruce Lake Retreat and its legal representatives.

Please indicate below any limitations, conditions, or instructions you wish our AP Staff to be aware of concerning your son or daughters participation in AP activities. (i.e. Asthma, Back Trouble, Bleeding Disorder, Heart Condition, Mobility, Pregnancy)

Parent/Guardian Signature _____ **Date** _____

Print Parent/Guardian Full Name _____ **Relation to Child** _____