

# Adventure Camp Waiver for the programs listed below: Please circle Private Charter, Private Camp, Camp, Travel Program

## PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

**READ BEFORE SIGNING** Organization Name: Gilman Outdoor Adventures, Box 55, Wilton, CT

**Please List 4 - 6 persons who are participating in the Private Charter or Private Camp:**

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Contact # \_\_\_\_\_

**By signing above, below and or using an initial: The participant acknowledges the risks and dangers associated with all activities as outlined in the following paragraphs.**

In consideration of being allowed to participate in any way in the Charter, Private Camp and/ or High Tide Adventures/Adrenaline Mountain Bike Private and/or Camp Program, related events and activities, I the undersigned acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in adventure programming is significant, including the potential for permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree with the terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest camp official, camp director, or lifeguard.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **Todd Gilman, DBA Gilman Outdoor Adventures**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners, and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. **You must disclose any and all limitations of activities due a previous incident of physical and cognitive (concussion) ailments which would prohibit you from participating. PLEASE LIST:** \_\_\_\_\_

I HAVE READ THE 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 WITHOUT ANY INDUCEMENT.

X Participants Signature \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_ Emergency Phone Number(s) \_\_\_\_\_

I am granting Todd Gilman, Gilman Sports and the staff permission to **take pictures of my child and or my children enjoying the daily camp activities**. I understand that in the future a picture of my children may appear on the website (gilmanoutdooradventures.com) and or related advertising material. I also understand that pictures will be altered at times from full color to black & white and to washout before being used for any purpose. HAVE READ THE ABOVE RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parents Signature: \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

As part of our Risk Management Procedure. You will be asked to sign an EXIT Ticket - Release at the end of your event.