

# Adventure Camp Waiver for the programs listed below: Travel Mountain Bike Camp and Trail Camp 2024-2025

## PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT READ BEFORE SIGNING

**Organization Name: GilmanOutdoor Adventures, PO Box 55, Wilton, CT**

**Participants Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade on 9/1:** \_\_\_\_\_ **DOB:** / / \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade on 9/1:** \_\_\_\_\_ **DOB:** / / \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mom's Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Other:** \_\_\_\_\_

\_\_\_\_\_

**Dad's Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Other:** \_\_\_\_\_

In consideration of being allowed to participate in any way in the Gilman Outdoor Adventures Adrenaline Mountain Bike Camp or High Tide Adventure 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.

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 \_\_\_\_\_ **AGE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Participants Signature

### **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 ([www.gilmansports.com](http://www.gilmansports.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** \_\_\_\_\_

**This camp program involves traveling through Connecticut to Vermont to and Massachusetts to ride terrain that is challenging and world class.**

**Therefore, you as parent and guardian are granting Todd Gilman, Gilman Outdoor Adventures permission to transport your child to and from the drop off and pick up area in order to mountain bike.**

I am granting Todd Gilman, Gilman Sports and the staff permission to transport my child and or my children enjoying the daily camp activities. I understand the necessity of being able to travel to enjoy mountainbiking to its fullest. I 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 \_\_\_\_\_