

Wilderness Trip Informed Consent



Agreement to personally assume all risk and release of all claims for liability and waiver of right to sue based upon my understanding of this activity and its inherent risks.

I (*full name*) _____ of (*city and state*) _____

having the date of birth of (*month*) _____, (*day*) _____, (*year*) _____ and being married , or single , desire **Camp Forest Springs, Inc.**, a Wisconsin not for profit corporation, to permit me to participate in the following described activity. (*check the box or boxes that describe your activity*)

- Canoeing Kayaking Rock Climbing Backpacking Spelunking
 High Ropes Course Mystery Trip Related Activities

Risks

I am aware that the above mentioned and related activities are inherently dangerous. I understand that they are strenuous activities that can result in physical and health complications. Other risks include bodily injury and death arising out of accidents due to things such as, but not limited to, the forces of nature, dangers inherent to lake and river activities, dangers from falling rocks, insect bites, snakebites, and other injuries due to encounters with animals. I am aware that a mistake by another camper could result in injury to myself. I am also aware that other campers may be beginners with very little or no experience.

Insurance

I understand that all activities, outings or expeditions sponsored by Camp Forest Springs, Inc. are ***not*** covered by any form of health insurance. Whenever I participate in such activities, regardless of where they are held, type or duration, that I do so at my own risk and of my own free will. I am aware that I am responsible for paying all my own medical expenses and related costs for any injuries that may occur. In the event of professional rescue needed, the rescuer will bill the rescued person(s) for costs incurred in the rescue. I hereby am advised to review my health insurance policies to determine for myself whether there may be any exceptions for this trip.

Permission and informed consent

In consideration for permission from Camp Forest Springs, Inc. to participate, I hereby expressly consent to the exposure to all the dangers, hazards and risks of this and related activities. I release, promise and agree not to sue Camp Forest Springs, Inc., its officers, its directors, employees, or volunteers as a result of any claims or demands that I might otherwise have resulting from any type of cause of action or personal injury or property damage of any type, including death, which may arise from my participation in this trip sponsored by Camp Forest Springs, Inc. Further, I hereby indemnify and agree to hold Camp Forest Springs, Inc., its directors, officers, employees and volunteers harmless from any and all liability actions, causes of action, claims, and demands of every kind, including natural hazards and dangers whatsoever, as well as costs and attorney fees, resulting from my actions and activities (whether negligent, reckless, intentional or otherwise), associated with my participation in this trip sponsored by Camp Forest Springs, Inc.

Responsibilities and conditions

I further acknowledge that my failure to adhere to safety rules established by group leaders may result in being asked to discontinue participation in the trip and its related activities. If I am barred from further participation in the activities, or if I voluntarily refrain from participation, or if I leave the trip, I am responsible for all expenses incurred and I have no claim for any refunds from Camp Forest Springs, Inc., its officers, directors, employees or volunteers.

Signatures on back ➡

Each Participant Must Sign

(The signatures below must be of the individual named on the front of the form and of his or her parents or guardians if participant is a minor)

I hereby acknowledge that I have personally read this document in its entirety, that I understand it and agree to all the terms, conditions and limitations stated. I also am signing this Informed Consent form of my own free will.

Signed: _____ Dated _____.
(Participant's signature)

If married, as spouse of the above individual, I hereby acknowledge that I have read this document in its entirety, that I understand and am signing it of my own free will and give up any claims I may have as a spouse.

Signed: _____ Dated _____.
(Consenting spouse if married)

If minor (under age 18 through the dates of the trip), as parent or guardian of the participating individual, I hereby acknowledge that I have read this document in its entirety, that I understand and am signing it of my own free will and give up any claims I may have as a parent/guardian, and I also give up all rights as set forth on this form for this child.

Signed: _____ Dated _____.
(Parent or legal guardian)