



Calvin Crest Conferences
Adventure Program
Participant Agreement, Release and Acknowledgement of Risk

In consideration of the services of, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their own behalf (hereinafter collectively referred to as "Calvin Crest"), I hereby agree to release and discharge Calvin Crest Conferences, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in Calvin Crest Programs including but not limited to challenge, initiative, backpacking, **paintball**, climbing and adventure programs entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **In addition to the risks already stated, other risks include but are not limited to:** Calvin Crest programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in challenge, initiative, backpacking or climbing activities and their potential for slips, falls, and falling, rope burns, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity, there may be contact with plants, animals, or insects that could create hazards such as stings, allergies, and associated disease. Calvin Crest facilitators are concerned with safety of participants, but they may not be aware of a participant's fitness or ability, and may not be able to accurately predict all weather conditions.
2. I expressly agree and promise to accept and assume all risks existing in the activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and to hold harmless Calvin Crest from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Calvin Crest's equipment or facilities, including any such claims which allege negligent acts or omissions by Calvin Crest.
4. Should Calvin Crest or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created directly or indirectly, by any such condition.
6. I understand and agree that all terms of this agreement release and acknowledgement shall be governed by California Law. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Calvin Crest on the basis of any claim from which I have released the organization herein.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature of Participant: _____ Printed Name: _____

Address: _____

Phone: _____ Date: _____

Parent's or Guardian's Additional Indemnification
(Must be completed for participants under the age of 19)

In consideration of _____ (print minor's name) ("Minor") being permitted by Calvin Crest to participate in its activities and to use its equipment, I further agree to indemnify and hold harmless Calvin Crest Conferences from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____

Printed Name: _____ Date: _____

Participant Emergency Medical Information

No	Yes	If yes, Please explain
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to foods, drugs, insect bites and dust. Please identify which and the nature of the reaction. _____
<input type="checkbox"/>	<input type="checkbox"/>	Physical disabilities or conditions: _____ Please identify: _____
<input type="checkbox"/>	<input type="checkbox"/>	If you are presently taking any medication, please identify: _____ _____

Complete Part I or Part II Only-Consent to Medical Treatment

PART I (To grant consent for a child under 19 years of age)

Permission To Treat Purpose: To enable parents and legal guardians to authorize the provisions of emergency treatment for children who become ill or injured while under the care or authority of the **group leader** or **Calvin Crest Staff person(s)** when parents or guardians cannot be reached. In the event that reasonable attempts to contact me,

Contact Information _____ (parent's name) at (____) ____ - _____ (phone number) or _____ (other parents or guardian) at (____) ____ - _____ (phone number) have been unsuccessful.

Preferred Physician **I hereby give my consent for:** (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) at (____) ____ - _____ (phone number) Or, in the event the designated preferred practitioner is not available by another licensed physician or dentist.

Preferred Medical Center **And (2)** the transfer of the child to _____ (preferred hospital) (____) ____ - _____ (phone number) or any hospital reasonably accessible. If none are listed, the closest Medical Treatment center is: Community Medical Center, Oakhurst, CA This authorization does not cover major surgery unless the medical opinions of two other licensed practitioners concur with the necessity for such surgery is obtained prior to the performance of surgery.

Medical Facts concerning the child's medical history and conditions to which a physician should be alerted:

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____ Phone: _____ Date: _____

Address: _____

Part II (To NOT grant consent for treatment) (complete only if part I was not completed)

I do not give my consent for emergency medical treatment for my child. In the event of any injury or illness requiring emergency treatment, I wish _____ (group leader) take no action or to **(Instructions to be followed)** _____

Signature of Parent or Legal Guardian: _____

Printed name: _____

Phone: _____ Date: _____

Address: _____