



Camper name _____

Camp Joyful Hearts

Cincinnati Children’s Hospital Medical Center/Joy Outdoor Education Center

Acknowledgment of Risk and Release Form

- I understand that my participation in programs offered by Cincinnati Children’s Hospital Medical Center (CCHMC) and Joy Outdoor Education Center (JOEC) are based on a “Challenge by Choice” philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary, and I elect to participate in spite of the risks.
- I am aware that experiential outdoor pursuits such as climbing, hiking, high ropes courses, ground initiatives, and other activities provided by CCHMC and JOEC for which I and/or my child have enrolled entails certain risks.
- Therefore, for myself/my child, I expressly, knowingly and voluntarily assume all risks involved in my participation, and do hereby release CCHMC and JOEC their members, trustees, officers, employees, and independent contractors and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily injury, loss of life or personal property that may occur as a result of participating in this program.
- I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding on the parties during the entire period of participation in the said program.
- Authorization for treatment- I hereby give permission to the medical personnel selected by the CCHMC and JOEC to arrange necessary related transportation for this participant and assist with the prescription and over-the-counter medication if needed. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by CCHMC and JOEC to secure and administer treatment, including hospitalization, for the person named above.
- I give my consent for myself or my child to be photographed or videotaped for general camp, website, and/or CCHMC and JOEC publicity.

Signature of participant date

Signature of parent (If participant is under 18) date

Note: This participant shall not be permitted to participate in the following activities: _____

