

Camp Joy Risk and Release Form

Camp Wekandu

June 23-28, 2024

Please read and complete the form carefully. This form should be completed for everyone who will be in attendance with a Camp Joy program. This includes participants and chaperones.

* Required

1. Participant's First Name *

2. Participant's Last Name *

3. Today's Date *



4. Participant or Chaperone/Teacher? *

Participant

Chaperone/Teacher

5. Street Address *

6. City *

7. State *

8. Zipcode *

9. Age *

Under 18

18-20

21+

10. Phone Number *

11. Email *

12. Emergency Contact 1 Name/Relationship/Phone Number *

13. Emergency Contact 2 Name/Relationship/Phone Number (If Applicable)

14. List any allergies or dietary restrictions. If none please select n/a. *

n/a

Other

15. List any physical restrictions. If none please select n/a. *

n/a

Other

Demographic Information

Information collected in this section will be used to apply for grants and funding to help supplement programs like yours.

16. Gender *

- Female
- Male
- Non-binary
- Prefer not to answer

17. My child identifies their race/ethnicity as *

- Asian
- Biracial or Multiracial
- Black or African American
- Caucasian or White
- Hispanic or Latino
- Native American or Alaskan Native
- A race/ethnicity not listed here
- Prefer not to answer

18. County of Residence *

19. Does your child qualify for free or reduced lunch? *

- Yes
- No
- Prefer not to say

20. Age *

10 or Under

11

12

13

14

15

16

17

18-20

21+

Acknowledgement of Risk and Release

Please read this form carefully and contact Camp Joy with any questions.

21. I understand that completing and signing this form is a prerequisite for my or my child's participation in Camp Joy's programs.
(Please initial to show that you have read and understood this section) *

22. I understand that my participation in programs offered by Joy Outdoor Education Center, LLC (dba Camp Joy) and Joy Outdoor Education Center Foundation, Inc., is 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.
(Please initial to show that you have read and understood this section) *

23. **Activities:** I am aware that experiential, outdoor pursuits for which I have enrolled such as hiking, walking on uneven ground, challenge courses, ground initiatives, archery, swimming, and other activities at Camp Joy entail certain risks. Camp Joy has a number of challenge courses that can include poles, ropes, cables, and platforms on which participants move with and without the assistance of staff and other participants. The level of exertion required for the activities will be similar to a day of moderate to strenuous exercise. Activities are explained by staff, and belay or other support systems may be used. Activities vary in height and difficulty.

(Please initial to show that you have read and understood this section) *

24. **Risks:** I understand and acknowledge that experiential education including challenge courses and other Camp Joy activities involve risks which could result in injury, tripping, falling, broken bones, burns, death, or damage to my property. I may be in situations in which I depend on others for my physical well-being. The risks described and others are inherent in Camp Joy activities and without them the activities would lose their essential character and value.

(Please initial to show that you have read and understood this section) *

25. Camp Joy recommends consulting with a physician for the following: heart and blood pressure conditions, recent surgeries, and back and neck issues before participating in challenge course activities. Expectant mothers are not permitted to fully participate in challenge course activities. Per manufacturer specifications, participants must not exceed 300lbs for challenge course activities.

(Please initial to show that you have read and understood this section) *

26. **Release:** I, for myself and for my heirs, personal representatives, and assigns, and each of them, forever release and fully discharge Joy Outdoor Education Center, LLC and Joy Outdoor Education Center Foundation, Inc., and each of their members, managers, directors, employees, volunteers, agents, officers, predecessors, affiliates (including the Warren County Astronomical Society with respect to our Observatory), representatives, successors, and assigns, from any and all actions, causes of action, claims, costs, damages, demands, fees, and/or liability of any kind, nature, or descriptions whatsoever, whether known or unknown, arising out of or in any way related, whether directly or indirectly, to participation in any Camp Joy program, including, but not limited to any physical injury, psychological injury, or loss of life or personal property that may occur as a result of participating in this program.

(Please initial to show that you have read and understood this section) *

27. **Photography:** I understand that photography commonly occurs during Camp Joy programs. I consent for myself and/or my child/minor of legal responsibility to be photographed for general Camp Joy use, including program and/or agency printed/internet publicity.

(Please designate whether you accept or decline the photo release) *

I Accept

I Decline

28. **Authorization for Treatment:** I give permission to the medical personnel selected by the visiting organization to arrange necessary related transportation for this participant, and for the visiting organization or Camp Joy to secure and administer treatment, including hospitalization, for the participant named below.

(Please initial to show that you have read and understood this section) *

Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY, THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING CAMP JOY FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

29. **Assumption of Risk:** I, in my legal capacity as parent/guardian of the minor named below ("Minor") or as on behalf of myself as a legal adult, acknowledge and agree that any use of Camp Joy facilities, services, equipment and premises ("Facilities") and any participation in Camp Joy programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease, including but not limited to risks presented by the COVID-19 novel coronavirus. I voluntarily, for myself and/or Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

(Please initial to show that you have read and understood this section) *

30. **Waiver, Release, Indemnification & Covenant Not to Sue:** In consideration of my own or the below named Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor or for myself as a legal adult, agree on behalf of myself/Minor that Camp Joy, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself/Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that I/Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs. As a condition of my participation, I also agree to comply with all directives of authorized personnel at Camp Joy with respect to the measures it has developed and implemented with respect to all Programs to mitigate the inherent risks presented by COVID-19 and to minimize the inherent risk of transmission.

(Please initial to show that you have read and understood this section) *

31. I further agree, in my legal capacity as the parent/guardian of Minor or on behalf of myself as a legal adult, on behalf of Minor, myself, and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

(Please initial to show that you have read and understood this section) *

32. In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor or on behalf of myself as a legal adult, agree on behalf of myself and Minor to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

(Please initial to show that you have read and understood this section) *

33. **Signature:** I have read, understand, and accept the terms and conditions stated in this Risk and Release Form. The named participant has permission to engage in program activities, except as noted. I understand that my signature on this Release form will remain valid for one year of programs at Joy and I acknowledge my obligation to inform Camp Joy in advance of any changes in the child's/participant's health that may affect the child's/participant's ability to participate in activities in any way. I certify that the information my child or I have provided is complete and accurate.

(Please type your name and today's date. This will be considered a signature agreeing that this form has been filled out fully and accurately by a responsible party for the individual named at the beginning of this form. If participant is under 18, a parent or legal guardian must be the one to sign this form.) *

34. **Please provide the email of the person signing this form. ***

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