BLUE LAKE UNITED METHODIST ASSEMBLY, INC.
AGREEMENT TO PARTICIPATE;
ASSUMPTION OF RISK AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING

WHEREAS, THE UNDERSIGNED PARENT OR GUARDIAN wishes to have their child be accepted for participation in the Blue Lake United Methodist Assembly Summer Camping experience:

The undersigned acknowledge(s) that during the said Blue Lake United Methodist Assembly camping program for 2012 events that their child or person(s), for whom they have responsibility, has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to hazards of traveling wooded terrain, ropes course, swimming in a natural lake, using water borne craft such a canoe, accident or illness in a remote place with medical facilities eighteen (18) miles away, and travel by various conveyance. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from other types of outdoor activities. I further understand that in allowing my child or the person to whom I have responsibility to participate in camping activities he/she will be exposed to the elements of nature, including temperature extremes, and inclement weather. I further understand that medical treatment may be several minutes to an hour away in the event of a medical emergency.

I certify that my child or the person for whom I am responsible for, is healthy enough (both physically and emotionally) and capable of participating in this Blue Lake United Methodist Assembly Summer Camp program. I have listed on the Health Form any medical conditions that Blue Lake United Methodist Assembly, Inc., should be aware of which may hinder my child, or the person for whom I am responsible for, from participating in any particular activity. **However, I understand that it is solely my parental or guardian responsibility to determine whether there is any medical reason that my child or the person for which I am responsible for, should not participate in the Summer Camping Program at Blue Lake United Methodist Assembly, Inc.**

In consideration of, and as part payment for the right to participate in such a camping program and the services and food arranged for my child or person for whom I am responsible for, by Blue Lake United Methodist Assembly, Inc., Directors, Officers, Employees, Agents, and/or Associates I have and do hereby assume all the above risk and any other ordinary risk incidental to the nature of the Blue Lake United Methodist Assembly Summer Camp program which is not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether from bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with by camp or participation in any other activities arranged for me by Blue Lake United Methodist Assembly, Inc., its Directors, Officers, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue Blue Lake United Methodist Assembly, Inc., and if I do, I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against Blue Lake United Methodist Assembly, Inc. I also state that my child or the person for whom I am responsible for, nor I, am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my child's, and/or the child for whom I have responsibility for, physical activity involves risk of injury. I also understand that my child's, or person for whom I have responsibility for, participation in Blue Lake United Methodist Assembly, Inc., Summer Camp program is entirely VOLUNTARY. I enter my child, or the person for whom I have responsibility for, enter into this Blue Lake United Methodist Assembly, Inc., Summer Camp program and take full responsibility for my decision for him/her to participate or not to participate and agree to follow all safety instructions.

Name of Participant (print) _____

Name of Parent/Guardian (print)_____

Date of Signature for Parent/Guardian _____

Signature of Parent/Guardian_____

Date of Signature of Witness _____ _____

Signature of Witness _____